# SIGNALS COMPETENCY ASSESSOR REQUEST

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | RIW ID # |
|  | | | | | |
| A. Competency Request | | | | | |
| Name: | |  | | | |
| Address: | |  | | | |
|  | |  | | | |
|  | |  | Postcode: |  | |
| Telephone #: | |  | Email: |  | |
| Organisation: | |  | Position: |  | |
| Location: | |  | | | |
|  | | | | | |
| B. Current or Previous Certificates of Competencies | | | | | |
| List and provide copies of any Current or Previous Certificates/Statements of Competencies: | | | | | |
| 1) |  | | | | |
| 2) |  | | | | |
|  | | | | | |
| C. Work Place Assessor | | | | | |
| Nominees shall be competent in Work Place Assessment in accordance with the Australian Qualification Framework competencies covered byTAEASS402 - Assess competence. | | | | | |
|  | Completed TAEASS402;  Attach Certificate of Attainment | | | | |
|  | | | | | |
| D. Signals Competency Experience and Understanding | | | | | |
| Please provide details that demonstrate your understanding of Signals Competencies and your experience either in Signal Engineering or the application of Work Place Competency Assessment. | | | | | |
|  | Details attached of Understanding of Signal Competencies | | | | |
|  | Details attached of Signal Engineering Work | | | | |
|  | Details attached of Work Place Competency Assessment | | | | |
| Also, provide the following information: | | | | | |
| 1) | Work Experience Record | | | | |
| 2) | Curriculum Vitae (or Resume) of employment history, showing activities related to competencies. | | | | |
| 3) | Other information to demonstrate your ability to undertake the assessments | | | | |
|  | | | | | |
| F. Consent | | | | | |
| By signing this form you give ARTC (and/or agent(s) engaged by us) your informed consent to collect, use and provide personal information about you from third parties for the purpose of verifying your experience and qualifications and to assist us in assessing your Signalling Competencies and your ability to perform Rail Safety Work. | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SIGNALS COMPETENCY ASSESSOR REQUEST –**  PREREQUISITE REQUIREMENTS AND CHECK SHEET | | | | | | | | | | RIW ID # | |  |
| For: | | **<<insert Name>>** | | | | | | | | | | |
|  | | | | | | | | | | | | |
| I. Access to ARTC Standards | | | | | | | | | Assessor Comments | | | |
| I confirm: | | | | | | | | |  | | | |
|  | That I have access to the ARTC Standards on the ARTC . | | | | | | | |  | | | |
|  | That I will check the ARTC Recent Changes Register on a three monthly basis. | | | | | | | |  | | | |
|  | That I will then check the new Standards relevant to the tasks that I perform. | | | | | | | |  | | | |
|  | | | | | | | | | | | | |
| J. Signals Competency Assessment | | | | | | | | | Assessor Comments | | | |
| I request to be approved to assess personnel within the following categories. | | | | | | | | |  | | | |
| The Nominee shall be able to demonstrate an understanding of the tasks and competencies within each of the categories requested. | | | | | | | | |  | | | |
| The Nominee shall be able to demonstrate an understanding of the tasks and competencies within each of the categories requested. | | | | | | | | |  | | | |
|  | Signal Electrician/Maintainer | | | | | Attachment reference # |  | |  | | | |
|  | Signal Installer/Tester | | | | | Attachment reference # |  | |  | | | |
|  | Signal Mechanical Maintenance/Construction | | | | | Attachment reference # |  | |  | | | |
|  | Signal Trades/Assistant | | | | | Attachment reference # |  | |  | | | |
|  | Senior Signal Engineer | | | | | Attachment reference # |  | |  | | | |
|  | Signal Design Engineer | | | | | Attachment reference # |  | |  | | | |
|  | Signal Engineer Maintenance/Construction | | | | | Attachment reference # |  | |  | | | |
|  | | | | | | | | | | | | |
| K. Declaration | | | | | | | | | | | | |
| I understand the consent I am providing, and I Declare that the information on this form and attachments is true and correct and fully provides all relevant details for the evaluation of my request as an ARTC Approved Assessor. | | | | | | | | | | | | |
| Signature: | | |  | **Name**: |  | | | Date: | | |  | |
| Witness (Organisation Representative) | | | | | | | | | | | | |
| **Signature**: | | |  | **Name**: |  | | | Date: | | |  | |