| Name: | | |  | | | | RIW ID# | xxxxxx |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Address: | | |  | | | |  |  |
|  | | |  | | | Postcode |  | |
| Telephone: | | |  | | | Email |  | |
| Organisation | | |  | | | | | |
| Position | | |  | | | Location |  | |
| Current Competency Role: | | | |  | | | | |
| A. Competencies to be reviewed for Upgrade | | | | | | | | |
| List the Competencies that are requested to be upgraded below and support information in Table B. | | | | | | | | |
| If more than 10 skills are requested for upgrade, then a full reassessment of competency is required. This number 10 does not include range variations or options. | | | | | | | | |
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| **B. Certificates and Records for Training and Education** (Please tick below to confirm you have completed as required ): | | | | | | | | |
| 1) |  | Required qualifications on the matrix required by role being applied for (uploaded to RIW). | | | | | | |
| 2) |  | Training certificates on the matrix required by the role being applied for (uploaded to RIW). | | | | | | |
| 3) |  | ESP2001F-26 Training & Education Record Form or equivalent (sent to the Assessor). | | | | | | |
|  | | | | | | | | |
| **C. Work Experience Record** (Please tick below to confirm you have completed as required): | | | | | | | | |
| 1) |  | ESP2001F-25B Work Experience Record or equivalent templates of other rail organisations or IRSE Logbook (uploaded to RIW) | | | | | | |
| 2) |  | Form F25A Work Experience Record – Verification Supervisors Declaration must be completed and submitted. (sent with the above) | | | | | | |
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| **D. Consent** |
| By submitting 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. |
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| **E. *Applicant Acknowledgement of responsibilities*** | | | | | |
| 1. The Applicant will perform all work in accordance with ARTC Standards, Procedures and Practices.    The applicant will regularly review (at least every 3 months) recent changes register on the ARTC Extranet and apply all new standards and related information in the performance of work on ARTC infrastructure. | | | | | |
| 1. The Applicant will not perform work for which he/she does not have a valid Certified Competency. The Applicant will only perform work at a higher skill level under supervision and mentorship of a suitably qualified person with a valid certified competency. The Applicant with a level 1 competency will only perform the work under the supervision of a suitably competent person. | | | | | |
| 1. The Applicant when managing other personnel will ensure they have the competency certification for the work being performed before they commence the work.  The Applicant will not direct personnel to perform work for which they do not have the appropriate competency certification. They will ensure that all personnel performing with a level 1 skill always have appropriate supervision by a suitably competent person. | | | | | |
| 1. The Applicant will maintain a Work Experience Record / Logbook in accordance with ARTC Competency Standards and will make this available for any future Competency Review. | | | | | |
| 1. The Applicant will to manage access to ARTC infrastructure locations, information and documents for the approved work and tasks. | | | | | |
| 1. The Applicant will comply with any ARTC policy for security of keys for ARTC locations and equipment. The applicant agrees that any security keys that are applicable to ARTC locations or equipment will not be lent out for any reason. The applicant further agrees to keep safe these keys and not to allow them to be copied in any manner. 2. The applicant will notify [standards@artc.com.au](mailto:standards@artc.com.au) as soon as possible of any suspensions, cancellations or related restriction on any Competency Certificates or performance of Signalling tasks or rail safety tasks with any other organisation in Australia. | | | | | |
| **Signature:** |  | | | Date: |  |
|  | | | | | |
| Witness | (Organisation representative) | | Organisation: | | |
| **Signature:** |  | **Name:** |  | Date: |  |
|  | | | | | |

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| Table F - COMPETENCY ASSESSMENT UPGRADE CHECKLIST | | | | | | | | | | | | | | |
| RIW ID # | | xxxxxx | | |  | | | |  | | |  | | |
| For: | **<<insert Name>>** | | | | | | | |  | | | | | |
| **Signalling Competency** | | | **Level**  **#** | | **EVIDENCE** | | | | **Comments by Assessor** | | | | | **L** | |
| **Training Record** | | **Work Experience** | |
|  | | |  | |  | | I/II  III | |  | | | | |  | |
|  | | |  | |  | | I/II  III | |  | | | | |  | |
|  | | |  | |  | | I/II  III | |  | | | | |  | |
|  | | |  | |  | | I/II  III | |  | | | | |  | |
|  | | |  | |  | | I/II  III | |  | | | | |  | |
|  | | |  | |  | | I/II  III | |  | | | | |  | |
|  | | |  | |  | | I/II  III | |  | | | | |  | |
|  | | |  | |  | | I/II  III | |  | | | | |  | |
|  | | |  | |  | | I/II  III | |  | | | | |  | |
|  | | |  | |  | | I/II  III | |  | | | | |  | |
| # Proposed level by applicant. Where a skill has multiple options e.g ***Points Maintenance D84m, M3A, HW4121, Claw lock*** or ***Level crossing –Relay, GCP, HXP, CBI*** then a separate line above must be completed for each option. | | | | | | | | | | | | | | |
| Insert the Competency in the above first column and indicate the supporting information under Training Record and Work Experience. Please indicate within these cells a # reference to the attached documents in sequence order. | | | | | | | | | | | | | | |
| Current SOC attached | | | | | |  | | Additional Training Certificates attached | | | | |  | |
| Training and Education Record attached | | | | | |  | |  | | | | |  | |
| F22 Work Based Training Assessment attached | | | | | |  | |  | | | | |  | |
| ASSESSMENT REVIEW CONDUCTED BY: | | | | | | | | | | | | | | |
| Assessor’s Signature: | | | |  | | | | | | | | | | |
| Assessor’s Name: | | | |  | | | | | | Date: |  | | | |

***Scan and submit this form to the Assessor with additional information as required.***

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| Table F - COMPETENCY ASSESSMENT UPGRADE CHECKLIST continued | | | | | | | | | | | | | | |
| RIW ID # | | xxxxxx | | |  | | | |  | | |  | | |
| For: | **<<insert Name>>** | | | | | | | |  | | | | | |
| **Signalling Competency** | | | **Level**  **#** | | **EVIDENCE** | | | | **Comments by Assessor** | | | | | **L** | |
| **Training Record** | | **Work Experience** | |
|  | | |  | |  | | I/II  III | |  | | | | |  | |
|  | | |  | |  | | I/II  III | |  | | | | |  | |
|  | | |  | |  | | I/II  III | |  | | | | |  | |
|  | | |  | |  | | I/II  III | |  | | | | |  | |
|  | | |  | |  | | I/II  III | |  | | | | |  | |
|  | | |  | |  | | I/II  III | |  | | | | |  | |
|  | | |  | |  | | I/II  III | |  | | | | |  | |
|  | | |  | |  | | I/II  III | |  | | | | |  | |
|  | | |  | |  | | I/II  III | |  | | | | |  | |
|  | | |  | |  | | I/II  III | |  | | | | |  | |
| # Proposed level by applicant. Where a skill has multiple options e.g ***Points Maintenance D84m, M3A, HW4121, Claw lock*** or ***Level crossing –Relay, GCP, HXP, CBI*** then a separate line above must be completed for each option. | | | | | | | | | | | | | | |
| Insert the Competency in the above first column and indicate the supporting information under Training Record and Work Experience. Please indicate within these cells a reference ID to the attached documents in sequence order. | | | | | | | | | | | | | | |
| Current SOC attached | | | | | |  | | Work Experience Record attached | | | | |  | |
| Training and Education Record attached | | | | | |  | | Training Certificates attached | | | | |  | |
| F22 Work Based Training Assessment attached | | | | | |  | |  | | | | |  | |
| ASSESSMENT REVIEW CONDUCTED BY: | | | | | | | | | | | | | | |
| Assessor’s Signature: | | | |  | | | | | | | | | | |
| Assessor’s Name: | | | |  | | | | | | Date: |  | | | |

***Scan and submit this form to the Assessor with additional information as required.***

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