# SIGNALS COMPETENCY ASSESSOR REQUEST

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|  | | | | | | | | | RIW ID # | |  | |
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| 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) |  | | | | | | | | | | | |
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| C. Work Place Assessor | | | | | | | | | | | | |
| Nominees must be competent in Work Place Assessment in accordance with the Australian Qualification Framework competencies covered by:  TAAASS401C Plan and organise assessment; TAAASS402C Assess competence; TAAASS403B Develop assessment tools; TAAASS404B Participate in assessment validation. Nominees with experience who have completed previous courses covering the above or overseas equivalent courses in Work Place Assessing may also apply with details demonstrating the equivalence of the previous courses and experience. | | | | | | | | | | | | |
|  | Completed TAAASS401C, TAAASS402C, TAAASS403B and TAAASS404B;  Attach Certificate of Attainment | | | | | | | | | | | |
| OR | | | | | | | | | | | | |
|  | Completed a past or overseas Work Place Assessor course;  Attach Certificate of Attainment;  Attach Certificate of Attainment;  Attach details of equivalence of the course. | | | | | | | | | | | |
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| 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 – see Checklist | | | | | | | | | | | |
|  | Details attached of Signal Engineering Work – see Checklist | | | | | | | | | | | |
|  | Details attached of Work Place Competency Assessment – see Checklist | | | | | | | | | | | |
| Also provide the following information: | | | | | | | | | | | | |
| 1) | Work Experience Record – see Checklist | | | | | | | | | | | |
| 2) | Curriculum Vitae (or Resume) of employment history, showing activities related to competencies and certified by a supervisor or senior engineer. | | | | | | | | | | | |
| 3) | Other information to demonstrate your ability to undertake the assessments – see Checklist | | | | | | | | | | | |
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| E. Declaration | | | | | | | | | | | | |
| 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: | |  |
|  | | | | | | | | | RIW ID # | |  | |
|  | | | | | | | | | | | | |
| F. Consent (To be completed by applicant: Consent to conduct reference checks) | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | |
| I, [Print Name] | | | |  | | | | | | | (the Applicant) | |
| 1. Consent to ARTC, or my employer (while performing Rail Safety Work for ARTC) undertaking reference checks for any information required to assess my signalling competencies and suitability to perform Rail Safety Work; and | | | | | | | | | | | | |
| 2. Direct ARTC, or ARTC contractor performing Rail Safety Work to provide factual information if sought, including information drawing on my records with regard to performance of signalling competencies and/or Rail Safety Work, and consent to you doing so; and | | | | | | | | | | | | |
| 3. Undertake to inform ARTC, in a timely manner, of any significant change in my circumstances that results in other information previously provided becoming out of date, incomplete or inaccurate; and | | | | | | | | | | | | |
| 4. Understand that this consent and direction will continue in force until you are notified in writing that I have revoked it; | | | | | | | | | | | | |
| Signature: | |  | | | | | | | | Date: | |  |
|  | | | | | | | | | | | | |
| G. Direction (To be completed by applicant: Direction to provide Answers) | | | | | | | | | | | | |
| By signing this form you direct Organisations to share specific information about you, 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. | | | | | | | | | | | | |
| I, [Print Name] | | | |  | | | | | | | (the Applicant) | |
| 1. Have applied for a Signalling Certificate of Competency from ARTC; and | | | | | | | | | | | | |
| 2. Direct every current/previous Organisation to share the **Answer(s)** with ARTC and any Organisation undertaking the Assessment of Signalling Competencies and Rail Safety Work; and | | | | | | | | | | | | |
| 3. Give each Organisation and its Workers a release limited to all legal responsibility in relation to any loss, damage, or claim arising from: (a) sharing or relying on the **Answer(s)**, or (b) any omission from the Answer(s); unless arising from any malicious, fraudulent, deliberately false or deliberately misleading statement or omission; and | | | | | | | | | | | | |
| 4. Consent to every current/previous Organisation sharing any factual information about my employment or engagement with any prospective Organisation; and | | | | | | | | | | | | |
| 5. Release every current/previous Organisation from all confidentiality obligations to the extent that they impede its ability to share any relevant factual information about my undertaking Rail Safety Work including signalling work; and | | | | | | | | | | | | |
| 6. Understand that this consent and direction will continue in force until you are notified in writing that I have revoked it; | | | | | | | | | | | | |
| Signature: | |  | | | | | | | | Date: | |  |
| ***Answer(s)*** *means all information provided in response to inquiries relating to Signalling Competencies and performance of Rail Safety Work.* | | | | | | | | | | | | |
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| H. Declaration | | | | | | | | | | | | |
| I Declare my agreement to comply with all relevant Policies and Legislative requirements for:  Drugs and Alcohol Policy; and  Occupational Health and Safety; and  Fatigue Management. | | | | | | | | | | | | |
| Signature: | |  | | | Name: |  | | | | Date: | |  |
| Witness (Organisation Representative) | | | | | | | | | | | | |
| Signature: | |  | | | Name: |  | | | | Date: | |  |

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| **SIGNALS COMPETENCY ASSESSOR REQUEST –**  PREREQUISITE REQUIREMENTS AND CHECK SHEET | | | | | | | | | RIW ID # | | |  | |
| For: | | **<<insert Name>>** of **<<insert Company Name>>** | | | | | | | | | | | |
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| I. Access to ARTC Standards | | | | | | | | | | | Assessor Comments | | |
| I confirm: | | | | | | | | | | |  | | |
|  | That I have access to the ARTC Standards on the ARTC . | | | | | | | | | |  | | |
|  | This access is via the internet access with email account: | | | | | | | | | |  | | |
|  | Email address: | | |  | | | | | | |  | | |
|  | That I will check the ARTC Recent Changes Register on a three monthly basis. | | | | | | | | | |  | | |
|  | That I will then check the new Standards and respective Commentaries that are 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 must be able to demonstrate and understanding of the tasks and competencies within each of the categories requested. | | | | | | | | | | |  | | |
| The Nominee must be able to demonstrate and understanding of the tasks and competencies within each of the categories requested. | | | | | | | | | | |  | | |
|  | Senior Signal Engineer | | | | | | Attachment reference # |  | | |  | | |
|  | Signal Design Engineer | | | | | | Attachment reference # |  | | |  | | |
|  | Signal Engineer – Maintenance | | | | | | Attachment reference # |  | | |  | | |
|  | Signal Engineer – Construction | | | | | | Attachment reference # |  | | |  | | |
|  | Control Systems Engineer | | | | | | Attachment reference # |  | | |  | | |
|  | Signal Maintainer | | | | | | Attachment reference # |  | | |  | | |
|  | Signal Installer/Tester | | | | | | Attachment reference # |  | | |  | | |
|  | Signal Electrical & Mechanical – Maintenance/Construction | | | | | | Attachment reference # |  | | |  | | |
|  | Signal Mechanical – Maintenance/Construction | | | | | | Attachment reference # |  | | |  | | |
|  | Site Access and Work Competency | | | | | | Attachment reference # |  | | |  | | |
|  | | | | | | | | | | | | | |
| K. Declaration | | | | | | | | | | | | | |
| 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: | | |  |