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| Licence/Authorisation being applied for  |       |

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| --- | --- |
| A. Personal details |  |
| Name: |       |
| Address: |       |
|  |       |
|  |       | Postcode: |       |
| Telephone #: |       | Email: |       |
| Organisation: |       | Position: |       |
| Location: |       |
|  |
| B. Current or Previous Signalling Licenses or Authorisations (initial application only) |
| List and provide copies of any current or previous Signalling Licenses or Authorisations: |
| 1) |       |
| 2) |       |
| 3) |       |
|  |
| C. Certificates and Records (for detailed application requirements refer to MN S 41412, initial application only) |
| Provide copies of the following: |
| 1) | [ ]  | Education Training relating to Licence or Authorisation applied for (e.g. Electrical Cert IV or Degree). |
| 2) | [ ]  | Evidence of required signalling training, required pre-requisite competencies, technical risk assessment “Survey of Engineering Competencies” (where required), for Licence/Authorisation applied for. |
| 3) | [ ]  | WHS General Construction Induction Card (GIT), Rail Safety Induction (RISI), and Health Assessment for Rail Safety Workers. |
|  |
| D. Work Experience and Recognition of Prior Learning |
| Provide copies of the following: |
| 1) | [ ]  | Verified Logbook detailing relevant signalling work experience and training applicable to the requested Licence/Authorisation. |
| 2) | [ ]  | Verified statements of experience and/or Curriculum Vitae (or Resume) of employment history, showing activities related to Licence or Authorisation being applied for, including contacts of referees able to verify the information provided. |
| 3) | [ ]  | Other information to demonstrate Recognition of Prior Learning. |
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| E. Restrictions |
| List any suspensions, cancellations or related restriction on any Licenses, Authorisations, or performance of Signalling tasks or rail safety tasks that have occurred in the previous 3 years. If none, write “NIL” |
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|  |
| F. Declaration |
| I Declare that the information on this form and attachments is true and correct and fully provides all relevant details for the assessment of my Signalling Licence or Signalling Authorisation application. |
| Signature: |  | Name: |       | Date: |       |
| Witness (Organisation Representative) |
| Signature: |  | Name: |       | Date: |       |