

Application to Renew a High Risk Work Assessor Accreditation

Work Health and Safety Act 2020
Work Health and Safety (General) Regulations 2022 (the Regulations)

How to complete this application

1. Read the Applicant Guide and application form in full to understand all of the information required. The Application Guide can be found here: www.wa.gov.au/media/50289/download?inline
2. Complete the application form in full.
3. Use the provided checklist to check the application is complete.
4. Submit the application along with payment of the required fee.

For assistance completing this application phone 1300 424 091 or email
WorksafeRegistration@lgirs.wa.gov.au

How to submit this application

| | | |
|-----------|---|--|
| Post | Licensing Services Department of Local Government, Industry Regulation and Safety Locked Bag 14 Cloisters Square PERTH WA 6850 | Attach Application Payment Form www.wa.gov.au/media/49956/download?inline |
| In person | Department of Local Government, Industry Regulation and Safety Level 1, Mason Bird Building 303 Sevenoaks Street, Cannington Office opening hours: 8.30am - 4.30pm, Monday to Friday | |

**Fees are reviewed annually and are subject to change without notice. Current application fees can be found on the WorkSafe website*

OFFICE USE ONLY

| | | | | | |
|-----------|----|-----------------|----|-------------------|---|
| Total Fee | \$ | Department Code | WA | Chart Description | <input type="checkbox"/> HRW Assessor Accreditation - Renew |
|-----------|----|-----------------|----|-------------------|---|

PART 1: ACCREDITATION HOLDER DETAILS

| Accreditation holder details | | | |
|---|----------------|-------------|----------|
| Family name | | | |
| Given name | | | |
| Date of birth | | | |
| Residential address | Street address | | |
| | Suburb | | Postcode |
| Postal address <i>(if different to residential address)</i> | Postal address | | |
| | Suburb | | Suburb |
| Phone no. | | | |
| Email | | | |
| Current Accreditation Details | | | |
| Provide details of your current Assessors Accreditation – an application to renew must be received before the expiry date of the Accreditation | | | |
| Accreditation Number | | Expiry Date | |

PART 2: PROBITY QUESTIONS

| Probity questions | | |
|--|------------------------------|-----------------------------|
| For help understanding these questions read the applicant guide at: www.wa.gov.au/media/50289/download?inline or call 1300 424 091. | | |
| 1. Do you have a current assessor accreditation in another State/Territory in Australia? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Have you ever been convicted or found guilty of an offence under Work Health and Safety legislation in Australia? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have you ever entered into an enforceable undertaking under Work Health and Safety legislation in Australia? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Have you ever been refused an equivalent high risk work assessor accreditation in Australia? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Have you previously held a high risk work assessor accreditation in Australia which had conditions imposed on it, or which was suspended or cancelled? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Have you ever been disqualified from applying for a high risk work assessor accreditation in Australia? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If you answered 'yes' to any of the above questions, attach details. A 'yes' response will be considered by the WorkSafe Western Australia Commissioner on the facts presented and may not affect your application to be licensed. | | |

PART 3: COMPETENCY

Accredited assessors are required to maintain the skills necessary to assess competency to carry our high risk work. Renewal applicants are required to provide details of the activities they have undertaken to maintain their skills in each class held.

Please tick all of the activities you have undertaken since your accreditation was last renewed (or granted if not previously renewed). Specify which classes of accreditation the activity relates to.

You must list all current classes on your accreditation in one of the below activities to confirm you have maintained competency in that class.

| Activity | | Specify which class/es of your WA accreditation relates to the activity: |
|--------------------------|--|--|
| <input type="checkbox"/> | Provided training against the associated VET course for the class/es of high risk work I am accredited for | |
| <input type="checkbox"/> | Completed assessment/s of competency using the National Assessment Instrument (NAI) | |
| <input type="checkbox"/> | Completed verification of competency (VOC) assessments | |
| <input type="checkbox"/> | Completed an accredited training course in the class/es of high risk work I am accredited for | |
| <input type="checkbox"/> | Worked in the class/es of high risk work I am accredited for | |
| <input type="checkbox"/> | Other: <i>please specify</i> | |

PART 4: CONDITIONS OF ACCREDITATION

- If granted, the standard conditions published online at <https://www.wa.gov.au/media/91452/download?inline> apply to all assessor accreditations.
- By submitting this application, you are acknowledging awareness of these conditions and your ability and agreement to comply with them.
- Conditions applied to accreditation can be amended from time to time. You will be notified if conditions on an accreditation are going to be amended.

PART 5: DECLARATION

Declaration of applicant

Section 268 of the *Work Health and Safety Act 2020* provides for penalties of up to \$12,500 for a person who gives information that the person knows to be false or misleading in a material particular or omits any matter or thing without which the information is misleading; or who provides a document that the person knows to be false or misleading in a material particular.

1. By signing this application form I declare that the information and documents I have provided in support of this application are true and correct.
2. In addition, by signing this form, I give consent to the WorkSafe Commissioner, or persons so directed, to obtain on my behalf any document, record, file, or information that may be necessary and relevant to consider this application.
3. I have read, understood and agree to comply with the conditions of accreditation stated on the document titled 'WorkSafe accredited assessor conditions for high risk work licence classes' as published on the website, and understand that non-compliance with any condition may result in the accreditation being suspended or cancelled.
4. I understand that if my application is incomplete or contains errors I will be contacted by email and provided 28 days to provide the required information. If I do not respond with the required information, my application will be taken to be withdrawn and I may be required to reapply.

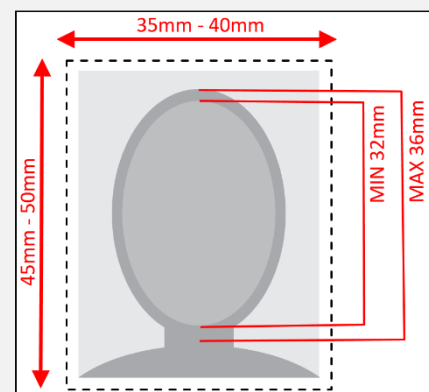
This declaration is considered to be made on the date the application is submitted.

Signature

PHOTOGRAPH

Attach one (1) passport quality photograph. Your photograph must:

- be in colour
- be no more than 6 months old
- be large enough to show your head and top of your shoulders close up
- show natural skin tones and colours - no flash reflection
- show you with natural expression and mouth closed (i.e. not smiling)
- have a plain, light-coloured background
- show you facing and looking directly at the camera
- not show you looking over one shoulder (portrait style) or with head tilted
- show you without hat or head covering unless worn for religious reasons.
- show your eyes open and clearly visible, and only with glasses if you regularly wear them.
- not be affected by red eye



APPLICATION CHECKLIST

| | |
|---|--|
| Please ensure you have provided/completed each of the following: | |
| PART 1: APPLICATION DETAILS | |
| <input type="checkbox"/> | Application details completed in full |
| PART 2: PROBITY | |
| <input type="checkbox"/> | All probity questions have been answered and supporting documents provided (if required) |
| PART 3: COMPETENCY | |
| <input type="checkbox"/> | You have completed details of how you have maintained your skills to assess competency in each class of accreditation held. |
| PART 4: CONDITIONS | |
| <input type="checkbox"/> | You have read, understood, and agree to comply with the conditions which will apply to the accreditation if granted. You are able to comply with the conditions. |
| PART 5: DECLARATION | |
| <input type="checkbox"/> | You have signed the declaration |
| PHOTOGRAPH | |
| <input type="checkbox"/> | One (1) passport quality photograph attached |