



# Application to add a class to High Risk Work Assessor Accreditation

Work Health and Safety Act 2020 (the Act)
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: <a href="https://www.wa.gov.au/media/50289/download?inline">www.wa.gov.au/media/50289/download?inline</a>
- 2. Gather all required attachments.
- 3. Complete the application form in full.
- 4. Use the provided checklist to check the application is complete.
- 5. Submit the application along with payment of the required fee.
- 6. If you want to add more than three (3) classes of accreditation, submit another "Application to add a class" per three (3) additional classes.

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

#### How to submit this application Submission method Application fee Licensing Services Department of Local Government, Industry Regulation and Safety **Post** Locked Bag 14 Cloisters Square Attach Application PERTH WA 6850 Payment Form www.wa.gov.au/me Department of Local Government, Industry Regulation and Safety dia/49956/download ln Level 1, Mason Bird Building ?inline 303 Sevenoaks Street, Cannington person Office opening hours: 8.30am - 4.30pm, Monday to Friday

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

	OF	FICE USE ON	LY	
Total Fee	\$ Department Code	WA	Chart Description	☐ High Risk Work Assessor – Modification

## PART 1: APPLICATION DETAILS

	Applicant Details								
Famil	y name								
Giver	n names								
Resid	dential	Stre	et address						
adare		Sub	urb					Postcode	
	Il address (if nt to residential	Post	tal address						
		Sub	urb					Postcode	
Phon	e no.								
Emai									
				Cur	rent Accredita	ation detai	ls		
Accre	editation Numbe	r				Expiry Date	)		
			Cla	ss/es	of accreditation	being app	lied fo	or	
2.									
	SB - Basic scaffo	lding			CP - Portal boom cra	ane		<b>WP</b> - Boom-ty platform	pe elevating work
	SI - Intermediate	scaffo	lding		CB - Bridge and gantry crane			PB - Concrete	e placing boom
	<b>SA</b> - Advanced s	caffold	ing		CV - Vehicle loading crane			RS - Reach stacker	
	<b>DG</b> - Dogging				CN - Non-slewing mobile crane			LF - Forklift truck	
	RB - Basic rigging			C2 - Slewing mobile crane - up to 20t			LO - Order-picking forklift truck		
	RI - Intermediate rigging			<b>C6</b> - Slewing mobile crane - up to 60t			BS - Standard boiler		
	RA - Advanced rigging			C1 - Slewing mobile crane - up to 100t			<b>BA</b> - Advance	ed boiler	
	CT - Tower crane			CO - Slewing mobile crane - over 100t			TO - Steam tu	urbine	
	CS - Self-erecting	g towe	r crane		HM - Materials hoist			ES - Reciproc	eating steam engine
	CD - Derrick crar	ie			<b>HP</b> - Personnel and hoist	materials			

### **PART 2: ATTACHMENTS**

Attach the following documents to your application						
	A letter from an RTO confirming you will be:					
	<ol> <li>engaged to complete high risk work competency assessments of the relevant class/es in association with the RTO delivering the training in WA.</li> </ol>					
	<ol> <li>trained in the use of the relevant National Assessment Instruments (NAI) and Notice of Assessment (NOA) book for the relevant class/es.</li> </ol>					
	If you are applying for more than one class you are required to attach a letter (or letters) that applies to each of the classes being applied for.					

## PART 4: CONDITIONS OF ACCREDITATION

- If granted, the standard conditions published online at <a href="www.wa.gov.au/media/50292/download?inline">www.wa.gov.au/media/50292/download?inline</a> 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 3: PROBITY QUESTIONS

Probity questions						
For help understanding these questions read the applicant guide here: <a href="https://www.wa.gov.au/media/50289/download?inline">www.wa.gov.au/media/50289/download?inline</a> or call 1300 424 091.						
Do you have a current assessor accreditation     Australia?	on in another State/Territory in	☐ YES	□ NO			
Have you ever been convicted or found guil Health and Safety legislation in Australia?	2. Have you ever been convicted or found guilty of an offence under Work Health and Safety legislation in Australia?					
Have you ever entered into an enforceable and Safety legislation in Australia?	undertaking under Work Health	YES	□ NO			
Have you ever been refused an equivalent laccreditation in Australia?	nigh risk work assessor	YES	□ NO			
Have you previously held a high risk work a     which had conditions imposed on it, or whice		YES	□ NO			
Have you ever been disqualified from apply accreditation in Australia?	ing for a high risk work assessor	YES	□ NO			
If you answered 'yes' to any of the above questi WorkSafe Western Australia Commissioner on licensed.	•		•			
Declaration of applicant	Declaration of applicant					
Section 268 of the <i>Work Health and Safety Act 2020</i> 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.						
By signing this application form I declar of this application are true and correct.	<ol> <li>By signing this application form I declare that the information and documents I have provided in support of this application are true and correct.</li> </ol>					
<ol> <li>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.</li> </ol>						
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						

### PART 5: STATEMENT OF EXPERIENCE

How to complete this Statement of Experience (SOE):

- Complete a new SOE for each class applied for (maximum three per application).
- Refer to the applicant guide for examples of how to complete a SOE.
- Licensing Officers will review your SOE to determine if you have enough experience to assess competency for high risk work. Experience is assessed based on:
  - a. How much experience you have (years),
  - b. How recent the experience is,
  - c. How much variety of experience you have.
- Applicants are expected to have:
  - a. at least 1 year of full time (1,500 hours/40 weeks) experience in the last 5 years, or
  - b. a significant amount of experience more than 5 years ago and evidence of maintenance of competency in the last 5 years.
- Experience must have been obtained under a current High Risk Work Licence.
- Work experience that will be accepted includes conducting; direct supervision; training; consulting; advising or similar responsibilities, which maintain or develop your skills in the class of high risk work being applied for.
- The experience must be or have been an essential element of your employment and undertaken on a routine basis.
- At least half of the experience must have been in real world industry situations other than an RTO environment.
- Have the SOE endorsed by your employer/independent and credible referee.

A credible and independent referee means a person who:

- 1. has the skills to assess the scope and quality of the experience claimed by the applicant, and
- 2. was able to assess the scope and quality of the experience claimed by you (such as a person directly supervising the work), and
- 3. is not a relative; employee, co-worker or subordinate worker, office manager or HR manager, and
- 4. does not have any actual or perceived conflict of interest in providing the reference.

For experience gained while employed, a credible and independent referee is the Applicant's employer or an authorised representative of the Applicant's employer.

- To avoid delays in processing your application, complete all parts of the SOE with as much detail as possible.
- Print additional pages if required.

Note: Applicants for reciprocating steam engine (ES), advance scaffolding (SA) or advanced rigging (RA) should refer to the Applicant Guide for details of additional experience requirements for these classes.

		Statement of	f Experience		
Class of high risk we	ork				
Experience total in h	nours				
Employer/Company	name				
Start Date	DI	O / MM / YYYY	End Date	DD / MM /	YYYY
Provide a detailed	description of the	e activities performe	ed in relation to the class of h	igh risk work	Hours per week per activity
	Duradida tha ma				
			any relevant equipment/plant ng capacity, brand etc.	usea	
		Referee D	eclaration		
		ce I declare that I hav	ve direct knowledge of the appl	icant's experience.	
		ve is true and correct the abilities to undert	:. ake the class of high risk work	safely and competer	ntly.
	considered to be r	nade on the date the	application is submitted.		
Referee Full Name					
Relationship  Phone no.					
Email					
Signature					

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Referee Full Name					
Relationship  Phone no.					
Email					
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	considered to be r	nade on the date the	application is submitted.		
Referee Full Name					
Relationship  Phone no.					
Email					
Signature					

# **APPLICATION CHECKLIST**

Pleas	Please ensure you have provided/completed each of the following:				
PAR	T 1: APPLICATION DETAILS				
	Application details completed in full				
PAR	T 2: ATTACHMENTS				
	Letter from RTO/s attached				
PAR	T 3: CONDITIONS				
	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.				
PAR	T 4: PROBITY AND DECLARATION				
	All probity questions have been answered and supporting documents provided (if required)				
	You have signed the declaration				
PAR	PART 5: STATEMENT OF EXPERIENCE				
	You have completed an SOE for each class applied for (maximum three per application).				