



Application for a 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: www.wa.gov.au/media/50289/download?inline
- 2. Gather all required attachments, such as statements of attainment and proof of identity.
- 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 apply for more than three (3) classes of accreditation, also submit an "Application to add a class" for up to three (3) additional classes per application. The form can be located here: www.wa.gov.au/media/50292/download?inline

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

How to submit this application Submission method Payment method Submit your application and pay online: Online Pay by credit card https://onlineforms.dmirs.wa.gov.au/#/form/63f2c5f2895bd80e7817b online 941 Licensing Services Department of Local Government, Industry Regulation and Post Safety Locked Bag 14 Cloisters Square **PERTH WA 6850** Attach Application Payment Form Department of Local Government, Industry Regulation and www.wa.gov.au/media/ Safety 49956/download?inline In Level 1, Mason Bird Building person 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

	OF	FICE USE ON	LY	
Total Fee	\$ Department Code	WA	Chart Description	☐ HRW Assessor Accreditation – New application

PART 1: APPLICATION DETAILS

	Applicant Details												
Family	y name												
Given	name												
Date o	of birth												
Resid		Street addre	ess										
		Suburb								Pos	stcode		
	l address	Postal addre	ess							·			
addres	s)	Suburb								Pos	stcode		
Phone	e no.												
Email													
		(Curr	ent l	High Risk	Wo	rk L	icence	deta	ils			
Licen	ce no.				Expiry Dat	е							
Class	es		T			1		_					
	g State or ory (circle)	WA	5	SA	TAS	V	IC	AC ⁻	T I	NSW	NT	QLD	СОМ
		CI	ass	/es c	of accredi	tatio	n be	eing a	pplied	d for			
2.						Each							
	SB - Basic scaffo	olding			CP - Portal be	oom cr	ane			WP - I	Boom-type	e elevating wo	ork platform
	SI - Intermediate	scaffolding			CB - Bridge a	and gar	ntry cra	ane		PB - 0	Concrete p	lacing boom	
	SA - Advanced so	caffolding	ing CV - Vehicle loading crane RS - Reach stacker										
	DG - Dogging				CN - Non-sle	wing m	obile o	crane	rane LF - Forklift truck				
	RB - Basic riggin	g			C2 - Slewing 20t	mobile	crane	- up to		LO - Order-picking forklift truck			ck
	RI - Intermediate	ediate rigging			C6 - Slewing mobile crane - up to 60t		- up to		BS - Standard boiler				
	RA - Advanced rigging			C1 - Slewing 100t	mobile	crane	- up to		BA - Advanced boiler				
	CT - Tower crane	rane			CO - Slewing mobile crane - over 100t		e - over		TO - Steam turbine				
	CS - Self-erecting	g tower crane			HM - Materia	ls hoist				ES - F	Reciprocat	ing steam enເ	gine
	CD - Derrick cran	ne			HP - Personn	iel and	mater	ials hoist					

PART 2: ATTACHMENTS

Attach	the following documents to your application
	A copy of your Statement of Attainment from a Registered Training Organisation for either: TAE40122 Certificate IV in Training and Assessment or its successor, or TAE40116 Certificate IV in Training and Assessment, or A diploma or higher level in adult education
	 A letter from an RTO confirming you will be: engaged to complete high risk work competency assessments of the relevant class/es in association with the RTO delivering the training in WA. trained in the use of the relevant National Assessment Instruments and Notice of Assessment book for the relevant class/es. 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.
	Proof of Identity Proof of Identity Proof of identity is not required if you hold a valid high risk work licence in Western Australia. Refer to the 'Applicant Guide – Application for Accreditation to Assess High Risk Work' for detail of documents that are accepted as proof of identity. DO NOT provide copies of credit or bank cards as proof of identity.
	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

PART 3: 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 accreditations can be amended from time to time. You will be notified if conditions on an accreditation are going to be amended.

PART 4: PROBITY AND DECLARATION

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.						
Do you have a current assessor accreditation in another State/Territory in Australia?	☐ YES	□ NO				
Have you ever been convicted or found guilty of an offence under Work Health and Safety legislation in Australia?	☐ YES	□ NO				
Have you ever entered into an enforceable undertaking under Work Health and Safety legislation in Australia?	YES	□ NO				
Have you ever been refused an equivalent high risk work assessor accreditation in Australia?	YES	□ NO				
Have you previously held a high risk work assessor accreditation in Australia which had conditions imposed on it, or which was suspended or cancelled?	YES	□ NO				
Have you ever been disqualified from applying for a high risk work assessor accreditation in Australia?	YES	□ 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.					
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 declare that the information and documents of this application are true and correct.	s I have provide	ed in support				
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						

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 an 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 alternate experience requirements for these classes.

		Statement o	f Experience		
Class of high risk wo	ork				
Experience total in h	nours				
Employer/Company	name				
Start Date		DD / MM / YYYY	End Date	DD / MM / Y	YYYY
Provide a detailed	description	of the activities performe	ed in relation to the class of h	nigh risk work	Hours per week per activity
	Provide 1		any relevant equipment/plant	used	
			eclaration		
I confirm the experI am confident that	rience detaile t the applica	ed above is true and correc	ake the class of high risk work		itly.
Referee Full Name					
Relationship					
Phone no.					
Email					
Signature					

		Statement of	Experience		
Class of high risk we	ork				
Experience total in h	hours				
Employer/Company	name				
Start Date		DD / MM / YYYY	End Date	DD / MM /	YYYY
Provide a detailed	l descriptio	on of the activities performe	d in relation to the class of h	igh risk work	Hours per week per activity
	Provide	e the makes and models of a Specify details i.e. lifting	any relevant equipment/plant ng capacity, brand etc.	used	
		Referee De	eclaration		
I confirm the experienceI am confident that	rience deta it the applic	iled above is true and correct	ake the class of high risk work		ntly.
Referee Full Name					
Relationship					
Phone no.					
Email					
Signature					

		Statement o	f Experience		
Class of high risk wo	ork				
Experience total in h	nours				
Employer/Company	name				
Start Date		DD / MM / YYYY	End Date	DD / MM / Y	YYYY
Provide a detailed	description	of the activities performe	ed in relation to the class of h	nigh risk work	Hours per week per activity
	Provide 1		any relevant equipment/plant	used	
			eclaration		
I confirm the experI am confident that	rience detaile t the applica	ed above is true and correc	ake the class of high risk work		itly.
Referee Full Name					
Relationship					
Phone no.					
Email					
Signature					

APPLICATION CHECKLIST

Pleas	e ensure you have provided/completed each of the following:
PART	1: APPLICATION DETAILS
	Application details completed in full
PART	2: ATTACHMENTS
	All attachments listed in Part 2 have been attached: • Statement of Attainment • Letter from an RTO • Proof of Identity (interstate HRWL holders only) • Photograph of passport quality
PART	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.
PART	4: PROBITY AND DECLARATION
	All probity questions have been answered and supporting documents provided (if required)
	You have signed the declaration
PART	5: STATEMENT OF EXPERIENCE
	You have completed an SOE for each class applied for (maximum three per application).