|  |  |
| --- | --- |
| Tick One Box | |
|  | Certification |
|  | Re-Certification |

|  |
| --- |
| 1. Candidate’s Details |
| |  |  |  | | --- | --- | --- | |  |  |  | | Name |  | Date of Birth | |  |  |  | | Company |  | Position | |  |  |  | | Nominated Accreditations  (Select from PR D 78701 Personnel Certifications – Electrical) |  | RIW Card Number  (Colour copy to be attached) | |
| I have been trained, assessed and have the necessary knowledge, skills and tertiary qualifications to be able to perform the duties which I have applied for. I understand the limitations of my authorisation.   |  |  |  | | --- | --- | --- | |  |  |  | | Signature of Applicant |  | Date | |

|  |
| --- |
| 2. Employer endorsement |
| * I declare that the applicant is our full time employee and the details set out in this application are correct. * Our procedures ensure compliance with the maintenance and construction standards of Transport for NSW (Transport), and we have access to all Acts, Regulations, Sydney Trains Electrical Network Safety Rules (ENSR), Safety documents, Electrical guides, and Transport standards necessary to enable me to perform my obligations. * The applicant shall have access to the Acts, Regulations, Safety documents, ENSR, standards and equipment which are necessary to comply with the agreement whilst employed by me and I guarantee to Sydney Trains that all work will be conducted in a competent and proficient manner using approved materials as detailed in the Transport standards. * I certify that the above mentioned person for who authorisation is applied: * Is required to maintain/obtain all authorisations noted above; and * Has been competency assessed by an accredited assessor using our competency management and assessment system, and has been deemed competent to carry out the functions listed for the nominated authorisations. * Any change in the applicant’s employment will be communicated to the email address below.  |  |  |  | | --- | --- | --- | |  |  |  | | Manager's Name |  | Manager's Position | |  |  |  | | Manager's Signature |  | Date | |

|  |
| --- |
| 3. Training Requirements (Fill in for Certification Only) |
| |  |  |  |  | | --- | --- | --- | --- | | Mandatory Training | Date of Latest Training  **Initial or Refresher** | Evidence of Training  **e.g. RTO Certificate, Records** | Training Date Verified  **(EDU Office use Only)** | | Sydney Trains Electrical Network Safety Rules\* |  |  |  | | CPR\* |  |  |  | | Release from Live Low voltage\* |  |  |  | | Pole Top Rescue\* |  |  |  | | EWP Escape, Release & Rescue\* |  |  |  | | Switching Assessment\* if applicable |  |  |  |   \*Denotes training that requires an annual refresher |

|  |
| --- |
| 4. Certificates (Certification Only) |
| Provide copies of all relevant certificates/training records as indicated in the requirements of the nominated Authorisations as listed in PR D 78701. |

|  |
| --- |
| 5. Submission |
| Please complete this form, sign and return with ALL supporting documentation to Electrical Assessments [Electrical.Assessments@transport.nsw.gov.au](mailto:Electrical.Assessments@transport.nsw.gov.au). |