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

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

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| 2. Training Requirements (Fill in for Certification Only) |
| |  |  |  | | --- | --- | --- | | Mandatory Training | Date of Latest Training  **Initial or Refresher** | Evidence of Training  **e.g. RTO Certificate, Ellipse Record** | | Sydney Trains Electrical Network Safety Rules\* |  |  | | CPR\* |  |  | | Release from Live Low voltage\* |  |  | | Pole Top Rescue\* |  |  | | EWP Escape, Release & Rescue\* |  |  |   \*Denotes training that requires an annual refresher  Provide copies of all relevant certificates/training records as indicated in the requirements of the nominated Authorisations as listed in PR D 78701. |

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| 3. Line Manager's Endorsement |
| That the above mentioned person for who authorisation is applied:   * Is required to maintain/obtain all authorisations noted above, and * Logbooks for nominated authorisations (AES02, 04, 05, 06, 07, 08, 13, 15, 16, 19, 22) have been completed, reviewed and certified for recertification.  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Name |  | Signature |  | Date | |

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| 4. Business Requirement |
| |  |  |  | | --- | --- | --- | |  |  |  | | Name |  | Position Level 5 Manager or above |  |  |  |  | | --- | --- | --- | |  |  |  | | Signature |  | Date | |

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| 5. Business Unit Manager |
| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | |  |  |  | | Name |  | Position Level 4 Manager or above |  |  |  |  | | --- | --- | --- | |  |  |  | | Signature |  | Date | | |

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| 6. 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). |