

# **Application for variation as an Accredited Assessor**

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

CREDIT CARD PAYMENT DETAILS	
(Payment will appear as "WA Gov – DMIRS" on your bank statement)	
Card Type Visa Mastercard (Only Visa and Mastercard)	astercard accepted)
Card Number	
Card Holder	Please print
Expiry Date / I authorise the Department to	to deduct the current prescribed fee*
Signature / Authorisation	Date
Cardholder's contact phone number:	
*Fees are reviewed annually and are subject to change without no.  You may lodge your completed application:	tice. Current application fees can be found on our website.
By Post: Licensing Services Department of Mines, Industry Regulation and Safety Locked Bag 100 EAST PERTH WA 6892	In Person: Department of Mines, Industry Regulation and Safety Level 1, Mason Bird Building 303 Sevenoaks Street, Cannington Opening hours: 8.30am - 4.30pm, Monday to Friday Enquiries: 1300 424 091
055105	ISE ONLY

	OFFICE USE ONLY					
Total Fee \$		Department Code	WL	Chart Description	☐ High Risk Work Assessor - Modification	

A42198833 Page 1 of 13





1. Current Assessors	Accreditat	ion details			
Accreditation number:					
Expiry Date *only current accreditations can be varied					
Current Classes held					
2. Accredited Assesso	or details				
Family name					
Given name/s					
Date of birth		Place of birth			
Residential Address	Street address		l		
	Suburb			Postcode	
Postal address (if different to residential address)	Street address				
residential address)	Suburb			Postcode	
Mobile phone no.		Phone no. (day)			
Email					
3. Details of current H	igh Risk W	ork Licence	('HRWL')		
Applicants must hold a current Lic Accreditation. Please provide you					are seeking an
Licence number					
Expiry date					
State or Territory of issue					
Classes					
4. Classes of Accredit	ation soug	ght			
List the classes of high risk work	(HRW) for which	h you are seeking to	o add to your curr	ent Accred	itation.
Classes of HRW & description.  Please include the year in which you were granted the class on your high risk work licence					

A42198833 Page 2 of 13





#### 5. Experience – operational industry work experience

Applicants must demonstrate a minimum of three (3) years of verifiable, regular, recent and varied industry operational work experience performing the type of HRW for which accreditation is sought in the form of a Statement of Experience (SOE). Applicants must demonstrate experience in performing licensed work in accordance with the National Standard for Licensing Persons Performing High Risk Work.

The SOE must demonstrate operational experience in the type of HRW for which accreditation is sought. The experience must include:

- dates employed;
- employers details including details of person/s who can verify the experience;
- equipment used (including specifics);
- hours spent per week performing the activity, or details related to full time equivalent;
- the role and responsibilities of the applicant;
- name and signature of applicant
- date.

Experience gained in a training, assessing, sales, and demonstration environment(s) may be considered in the context of your whole application; however, it will not be weighted as highly as experience gained in the workplace. This is because such environments are controlled and may be simulated, and do not provide for the applicant to demonstrate a breadth of experience which would prepare them for the practical issues they would encounter if they were using the equipment or machinery in an operational work environment. For example – but not limited to – in an operational work environment, applicants would need to operate equipment next to buildings, on different ground conditions, be aware of overhead obstructions, weather conditions, variations to loads, other equipment, traffic, other workers, and the public on a construction site.

All experience documented on the SOE must be independently verified and signed as a true record by a relevant, credible, and independent person (referee). Applicants should not detail experience that cannot be verified, and must arrange for the relevant employer/client/contractor to verify the SOE in the appropriate area. Alternatively, applicants can attach a statement of verification (written reference) by a referee to the application form.

A credible and independent person is in a position and has the skills to assess the scope and quality of the experience you are claiming.

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

A credible and independent referee is not:

- a relative;
- under potential conflict (your employee);
- a co-worker or subordinate worker; or
- · an office manager or HR manager.

Credible and independent referees may be contacted by Licensing Services to verify your experience.

Written references must outline and verify your experience, and must include the following details of your experience:

- explanation of the referee's relationship and the capacity to independently verify and endorse the Applicant's experience
- all details within the SOE as listed above (e.g. dates employed, equipment used etc.).

Written references must be signed and dated by the credible and independent person. It must also include the full name, email address, and telephone number of the referee.

A42198833 Page 3 of 13





Dates mployed d/mm/yyyy to d/mm/yyyy)	Employer  (including details of person/s who can verify experience. The details must include mobile number and email address).	Equipment used (Specify details i.e lifting capacity, brand etc.)	Hours spent per week performing the activity  (please list operational hours versus training/VOCs (if applicable) – do not group these together	Your role and responsibilities – overview of the activities performed by you in relation to the class of high risk work you were performing
				Office us only

A42198833 Page 4 of 13





Statement of	Experience (SOE)	for Class:		_	
Dates employed (dd/mm/yyyy to dd/mm/yyyy)	Employer  (including details of person/s who can verify experience. The details must include mobile number and email address).	Equipment used (Specify details i.e lifting capacity, brand etc.)	Hours spent per week performing the activity  (please list operational hours versus training/VOCs (if applicable) – do not group these together	Your role and responsibilities – overview of the active performed by you in relation to the class of high risk we were performing	
					Office use only
I certify t	hat the particulars con	tained in the Statement o	f Experience are correct.		
Signature	e of applicant	 Name c	of employer/authorised referee	Signature of employer/authorised refere	 ee

A42198833 Page 5 of 13





Dates employed dd/mm/yyyy to dd/mm/yyyy)	Employer  (including details of person/s who can verify experience. The details must include mobile number and email address).	Equipment used (Specify details i.e lifting capacity, brand etc.)	Hours spent per week performing the activity  (please list operational hours versus training/VOCs (if applicable) – do not group these together	Your role and responsibilities – overview of the activities performed by you in relation to the class of high risk work y were performing
I certify t	that the particulars cont	ained in the Statement o	of Experience are correct.	

A42198833 Page 6 of 13





Statement of	Experience (SOE)	for Class:		-	
Dates employed (dd/mm/yyyy to dd/mm/yyyy)	Employer  (including details of person/s who can verify experience. The details must include mobile number and email address).	Equipment used (Specify details i.e lifting capacity, brand etc.)	Hours spent per week performing the activity  (please list operational hours versus training/VOCs (if applicable) – do not group these together	Your role and responsibilities – overview of the activities performed by you in relation to the class of high risk work you were performing	
				Office us only	
I certify t	hat the particulars con	tained in the Statement of	of Experience are correct.		
Signatur	e of applicant	Name o	of employer/authorised referee	Signature of employer/authorised referee	

A42198833 Page 7 of 13





Statement o	Statement of Experience (SOE) for Class:						
Dates employed (dd/mm/yyyy to dd/mm/yyyy)	Employer  (including details of person/s who can verify experience. The details must include mobile number and email address).	Equipment used (Specify details i.e lifting capacity, brand etc.)	Hours spent per week performing the activity  (please list operational hours versus training/VOCs (if applicable) – do not group these together	Your role and responsibilities – overview of the activities performed by you in relation to the class of high risk work y were performing			
					e use nly		
I certify t	hat the particulars con	tained in the Statement o	f Experience are correct.				
Signature	e of applicant	Name o	f employer/authorised referee	Signature of employer/authorised referee			

A42198833 Page 8 of 13





Statement o	f Experience (SOE)	for Class:		_
Dates employed (dd/mm/yyyy to dd/mm/yyyy)	Employer  (including details of person/s who can verify experience. The details must include mobile number and email address).	Equipment used (Specify details i.e lifting capacity, brand etc.)	Hours spent per week performing the activity  (please list operational hours versus training/VOCs (if applicable) – do not group these together	Your role and responsibilities – overview of the activities performed by you in relation to the class of high risk work you were performing
				Office use only
I certify	that the particulars cont	tained in the Statement o	f Experience are correct.	
Signatui	e of applicant	Name o	of employer/authorised referee	Signature of employer/authorised referee

A42198833 Page 9 of 13





6.	6. Probity questions (Please answer 'Yes' or 'No" to the following)	
1.	Have you ever been convicted or found guilty of any offence under the Act or these lany corresponding WHS (work health and safety) law?	Regulations or under
	Yes: □ No: □	
2.	2. Have you ever entered into an enforceable undertaking under the Act or under any olaw?	corresponding WHS
	Yes: □ No: □	
3.	3. Have you ever been refused an equivalent accreditation under a corresponding WHS	S law?
	Yes: □ No: □	
4.	4. Have you previously held an equivalent accreditation under a corresponding WHS la	ıw?
	Yes: □ No: □	
5.	5. If the answer to question 4 is 'yes', was that accreditation ever suspended or cancell	ed?
	Yes: □ No: □	
6.	6. If the answer to question 5 is 'yes', were you disqualified from applying for any accre	ditation or licence?
	Yes: □ No: □	
5	5a. Answering the above questions	
If y	If you answered 'yes' to any of the above questions, attach details.	
	A 'yes' response will be considered by the WorkSafe Western Australia Commissioner o and may not affect your application to be licensed.	n the facts presented,
	N/A: □ Attached: □	
7.	7. Letter from a Registered Training Organisation (RTO)	
As	You must attach a letter from an RTO stating that you will be trained in the use of the rel- Assessment Instruments and Notice of Assessment book. The letter must be on compa	

This section has been left blank intentionally

A42198833 Page 10 of 13





#### 8. Assessor Accreditation Conditions

I agree and will adhere to the conditions of the Assessor Accreditation as detailed below:

- 1. You can only assess the Licence Class(es) for which you have been registered to assess. You must hold a current high risk work licence for the class.
- 2. The assessments must be done accordance with:
  - (i) Work Health and Safety Act 2020 ('the Act');
  - (ii) Work Health and Safety (General) Regulations 2022 ('the WHS Regulations);
  - (iii) assessment Instrument, for the particular Licence Class applied for, which has been approved by the WorkSafe Western Australia Commissioner; and
  - (iv) any directives from the WorkSafe Commissioner concerning the application and assessment procedure.
- 3. Before conducting an assessment, you must:
  - (i) sight personal photographic documentary evidence that proves the identity of the person and verifies the person is at least 18 years of age; and
  - (ii) ensure that the person is enrolled in the relevant Australian Quality Training Framework (AQTF) training package that leads to the issue of a Statement of Attainment issued by a Registered Training Organisation (RTO) registered by the Western Australian Training Accreditation Council (TAC) or the Australian Skills Quality Authority (ASQA).
- 4. Notice of Assessments are completed in accordance with the directives on the inside front cover of the Notice of Assessment Book.
- 5. Persons assessed as 'not yet competent' in any component of the Assessment Instrument are not to be re-assessed until they have completed further training relevant to the area(s) in which they were assessed as 'not yet competent';
- 6. WorkSafe may audit you to check you are complying with these conditions, the WHS Regulations, and the Act. You must co-operate with officers of WorkSafe, including answering questions and allowing full access to all records relating to the training and assessment of applicants for Licenses to Perform High Risk Work which includes, but is not limited to, the following:
  - (i) documents obtaining to satisfy Condition (3)(i);
  - (ii) documents relating to the training of persons for a licence to perform high risk work;
  - (iii) documents relation to the assessment of persons for a licence to perform high risk work; and
  - (iv) copies of issued Notices of Assessment.
- 7. Any variations or additions to these conditions, as made by the WorkSafe Western Australia Commissioner, are complied with.

#### APPLICANT DECLARATION

I, (PRINT NAME) comply with the conditions listed above and understand that inability to comply with any condition may result in the Accree	•	th any	condition o	or an
Signature:	Date:	/	/	

A42198833 Page 11 of 13





#### 9. Identification

To establish proof of identity, Applicant's must provide ONE primary document or at least THREE secondary documents.

For more examples please refer to the Applicant Guide - Application for Accreditation to Assess High Risk Work

Primary Identification	Secondary Identification
Australian Passport – Current or expired within the last two years, but not cancelled	Birth certificate or certified extract
A current driver's licence, learners permit or any other photographic identity document issued under Australian Law	Australian Citizenship or naturalisation document
International Passport or other documents with same characteristics of Passport Current, not expired or cancelled	Current entitlement card issued by a State or Commonwealth Government department (for example, a Medicare, Pension, Health or Veteran)
Current International Driver's Licence or an overseas driver's licence recognised by the WA Department of Transport (in English or translated in English)	Utility bill (for example Telephone, gas or electricity account) not more than 12 months old
Police and Defence identification cards	Water, local rate notice or land valuation notice not more than 12 months old
State or Commonwealth employee photo identification card with DOB	Electoral enrolment card or other evidence of enrolment not more than two years old
Western Australian Photo Card (formerly Proof of Age)	Student Identification Card (Secondary/Tertiary)

#### 10. Declarations

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. By signing this application form you declare that the information and documents you have provided in support of your application are true and correct. In addition, by signing this form, you give consent to the WorkSafe Western Australia Commissioner, or persons so directed, to obtain on your behalf any document, record, file, or information that may be necessary and relevant to consider your application.

Legal Name:		
Signature:	Date:	

This section has been left blank intentionally

A42198833 Page 12 of 13





11.	Checklist			
Incomplete applications cannot be accepted and will be returned to the applicant.				
✓	Please provide a copy of the following:	Office use only		
	Sections 1-10 of the application form have been completed			
	Application fee – refer to the website for the relevant fees			
	Proof of Identification – refer to the Applicant Guide – Application for Accreditation to Assess High Risk Work			
	Statement of Experience (SOE) for each HRW class for which accreditation is sought, signed by the applicant and employer/authorised referee			
	Attached a letter from an RTO stating that you will be trained in the use of the relevant National Assessment Instruments and Notice of Assessment book. The letter must be on company letterhead and must be signed by a representative of the RTO.			
	One (1) passport quality photograph  Your photo must:  Be of just your head and shoulders, taken within the last six months.  Be in colour  Be within 45-50mm high and 35-40mm wide  Show natural skin tones - no flash reflection and no red eye  Show you with natural expression and mouth closed (i.e. not smiling)  Have a plain, light-coloured background (e.g. white, cream or pale blue)  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 (no sunglasses).			

This section has been left blank intentionally

A42198833 Page 13 of 13