



Mining and Resource Contractors Safety Training Association

Refresher Assessment Application Form

Candidate Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address

_____ *City* *State* *Postcode*

Home Phone: () _____ Work Phone: () _____

E-mail Address: _____

Assessment Times: _____ Assessment Date: _____

Assessment Location: _____

Address: _____

Nominated Persons Information

Full Name: _____
Last *First*

Address: _____
Street Address

_____ *City* *State* *Postcode*

Mobile Phone: () _____ Work Phone: () _____

E-mail Address: _____

Title: _____

Department: _____

Address : _____
Street Address for Exam to be forwarded

_____ *City* *State* *Postcode*

Payment Details

I agree to pay the fee of \$140.00 to MARCSTA for materials and processing to participate in the General Safety Induction Refresher Assessment.

I agree that I will not be entitled to any refund of fees in the event that I do not meet the requisite competency standards or refund conditions and that any further training I require shall be at my expense.

I declare that the personal information contained in this application is a true and accurate record. Information that is provided to MARCSTA may be covered by the Privacy and Personal Information Protection Act 1988. By signing this enrolment I acknowledge, authorise and agree that MARCSTA may disclose my personal information to relevant persons, bodies and agencies for the purpose of confirming my training details.

Signature: _____ Date: _____