

APPLICATION FOR RECOGNITION OF PRIOR LEARNING (RPL)

Please print

GIVEN NAME.....**2nd GIVEN NAME**.....

SURNAME.....**DATE OF BIRTH**.....

Address.....

I wish to apply for RPL to enable me to sit:

REFRESHER GENERAL SAFETY INDUCTION (WORK SAFELY)

(for candidates who do not hold a current General Safety Induction (Work Safely) certificate but do hold a current qualification issued in other states e.g. Safety Awareness Training (Construction) 51455 (Blue Card); Follow Occupational Health and Safety Procedures (Transport Industry TLIF107C; Follow Occupational Health and Safety Policies and Procedures (General Building Construction BCCCM1001C) etc)

FASTTRACK GENERAL SAFETY INDUCTION (WORK SAFELY)

(for candidates who do not hold a current General Safety Induction (Work Safely) certificate but who have 5 years total mining industry practical experience with 3 years recent WA mining experience)

WORK SAFELY IN THE CONSTRUCTION INDUSTRY (CPCCOHS1001A)

(for candidates who hold a current General Safety Induction (Work Safely) certificate)

Current MARCSTA Number: _____

FOLLOW OHS PROCEDURES (TRANSPORT TLIF107C)

(for candidates who hold a current General Safety Induction (Work Safely) certificate and wish to participate in the Transport Bridging Training Program)

Current MARCSTA Number: _____

I agree to pay the fee of \$..... for processing. 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 1998. **By signing this application 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.**

Signed..... Date

APPLICATION FOR RECOGNITION OF PRIOR LEARNING (RPL)

Please provide evidence of courses attended, skills, knowledge and/or experience acquired.

EXPERIENCE:

	Employer 1:	Employer 2:
Position held by applicant		
Name of organisation		
Period of employment/...../..... to/...../...../...../..... to/...../.....
Duties: (Description of skills of applicant and work activities undertaken)		
Attach a separate sheet if more room is needed.		

OCCUPATIONAL SAFETY AND HEALTH COURSES ATTENDED:

Course	Date

QUALIFICATIONS ACQUIRED

Date	Qualification

OFFICE USE ONLY:

Application checked and evidence verified:

Construction Card No. issued (if applicable):

MARCSTA training provider.....SignatureDate.....