

# 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. Work Safely in the Construction Industry (Blue/White Card); Follow Occupational Health and Safety Procedures (Transport Industry TLIF107C; Work Safely and Follow OHS Policies and Procedures (Resources and Infrastructure Industry RIIOHS201A) 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 .....



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**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)		
<b>Attach a separate sheet if more room is needed.</b>		

**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.....Signature .....Date.....