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# CONSTRUCTION TRAINING INTERNATIONAL P/L

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## APPLICATION FOR ASSESSMENT TO A REGISTERED ASSESSOR

### 1. Applicant Details (print in block letters)

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Email Address \_\_\_\_\_

Daytime Contact Ph No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### 2. Proof of Identity (Tick appropriate boxes)

I provide the following documents as proof as to my name, date and place of birth and signature:

- |  |   |
|--|---|
| Passport   | Reference from a current or recent employer     |
| Drivers Licence  | Employment/Membership/Union/Club ID             |
| Citizenship Certificate / Electoral Roll                                 | Social Security ID / Student Card / Credit Card |
| A Certificate of Title/Mortgage/Land or Council Rates                    | Other   |
| Birth Certificate (or an Extract of Entry)                               |   |
| Notice of Approval (for an application who is less than 18 years of age) |   |

### 3. Medical Conditions / Medication Check

Do you have any known medical conditions that may prevent you from operating machinery?  
If so please list them.

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Are you currently on medication? If so, please give details \_\_\_\_\_

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### 4. Assessment Requested

I make application for the following:  
An assessment of my competency. List Class(es)?

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### 5. Previous Assessments (tick appropriate box)

(a) Have you, within the last three weeks, received an "Assessment Summary" notice from any Assessor for the class(es), to which this application applies?

YES  NO

(b) Have you ever been provided with Proof of Competence by any Assessor for the class(es) to which this application applies?

YES  NO

### 6. Suspended or Cancelled Certificates (tick appropriate box)

Has any certificate, competency card or equivalent held by you been suspended or cancelled within the last five years?

YES  NO

If you ticked "yes" provide details:

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**7. Qualifications, Certificates and Records of Training (tick appropriate boxes)**

I provide the following documents for consideration in assisting this assessment:

A previous Australian State Certificate(s)

Record(s) of Training (such as Trainee's Logbook)

Other (please specify)

\_\_\_\_\_

\_\_\_\_\_

An "Assessment Summary" arising from a past assessment

A National Certification Card or Qualification

Overseas Qualification (s)

None Provided

**8. Declaration by Applicant**

I declare that, to the best of my knowledge, I do not already hold a National Qualification for the class(es) to which this application applies, and the information provided in this application and supporting the application is true and correct in every particular.

Signature of

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## ASSESSOR USE ONLY

### 9. Assessor Check List

Proof of Identity	Eligibility
Documents sighted Name, address, age & DOB confirmed	Previous assessment (3 week period) Notice of Assessment / Assessment Summary Notice
Signature witnessed and verified Photocopies of originals held	Suspended or cancelled certificate/qualifications Officer Contacted Granted/Refused Date
<b>Approvals</b> Documents sighted and details recorded Photocopies of originals held	<b>Qualifications</b> Qualifications/Certificates/Assessment Summaries / and or Training Records Documents signed and details recorded
<b>Other</b>	

Equipment & Site Inspection	Yes	No	N/A
Type of machine			
Model number			
Registration number			
Weight			
Suitable working area			
Work area barricaded			
Work area correctly signed			
Records held with equipment			
Equipment meets OH&S Requirements?	Yes	No	

### 10. Decision of Competency Assessor

I the Assessor, upon review of the information presented before me find this application to be:  
ACCEPTABLE
 NOT ACCEPTABLE to allow an assessment to be conducted.

If this application is NOT ACCEPTABLE, it must be returned to the applicant with a statement of the reasons included.

Date \_\_\_\_\_ Assessor's Signature \_\_\_\_\_

Assessors Registration Number: CT \_\_\_\_\_