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# CONSTRUCTION TRAINING INTERNATIONAL P/L

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## APPLICATION FOR A COMPETENCY CARD

NOHSC:7019 Occupational Health & Safety Act 2004  
Approved Code of Practice for Plant

### General Information and Instructions

1. This form is for persons applying for:
  - A first issue Competency Card: or
  - Further classes to be added to a a Competency Card previously issued by CTI.
2. If you are applying for further class(es) to be added to your CTI issued Competency Card, then it is important that complete the classes to be added on this application on page 2. A new card showing all eligible classes will be forwarded to you.
3. The documents required to be returned with this application form are;
  - Attendance Form
  - Offsite/Equipment Inspection Checklist
  - Marked Completed Assessment
  - 1 Passport Photo
  - Copy of Identification
  - Client Satisfaction Form
  - Invoice to CTI or \$70 fee
4. Make sure that the application form is completed in full, dated and signed using your normal signature.

### Applicant Details

(print in block letters)

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

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

Suburb \_\_\_\_\_ Postcode : \_\_\_\_\_

Daytime Contact Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

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

## Proof of Identification

Type : \_\_\_\_\_ State of issue if D/L \_\_\_\_\_

No: \_\_\_\_\_ Expiry \_\_\_\_\_ Copy of ID Attached \_\_\_\_\_

## Competency Course Details

Date	Description Code	Competency Course Name	Make & Model of Equipment

I apply for the following CTI competency courses to be transferred from my existing National Equipment Operator Qualification Card:

Date	Description Code	Competency Course Name	Make & Model of Equipment

## Employers Details

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

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

Supervisor \_\_\_\_\_ Phone: \_\_\_\_\_

**Although there is no official expiry date on a course that is undertaken with CTI, it is a licensing recommendation that you complete a refresher course every 2 years to ensure that you maintain currency in meeting licensing requirements and industry standards. It is the responsibility of the student to undertake ongoing refresher courses.**

I declare that, to the best of my knowledge, the information provided in this application and supporting the application is true and correct in every particular.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### ASSESSOR USE ONLY :

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

Name of Assessor : \_\_\_\_\_

Assessor No: \_\_\_\_\_

Assessor Signature: \_\_\_\_\_