

APPLICATION FOR RECOGNITION OF PRIOR LEARNING (RPL)

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

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

Address.....
.....

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

REFRESHER WORK HEALTH AND SAFETY INDUCTION

(for candidates who do not hold a current Work Health and Safety Induction) 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)

FAST TRACK WORK HEALTH AND SAFETY INDUCTION (without MARCSTA)

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

FAST TRACK WORK HEALTH AND SAFETY INDUCTION (with MARCSTA)

(for candidates who do hold a current Work Health and Safety Induction certificate with proven recent mining and industry associated practical experience)

Current MARCSTA Number:.....

WORK SAFELY IN THE CONSTRUCTION INDUSTRY (CPCCOHS1001A)

*(for candidates who hold a current General Safety Induction (Work Safely) certificate) – **Must complete pages 3 – 5 of the application form***

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) – **Must complete pages 3 – 5 of the application form***

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

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.....

5) What is your postal address? (If the same as above leave blank)

Flat/Unit number Street number

Street name

PO Box or Roadside Delivery Box

Suburb, locality or town

State/Territory

Postcode

Language and Cultural Diversity

6) In which country were you born?

Australia 1101

Other - please specify

7) Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often.)

No, English only 1201 **English only - Go to Question 9**

Yes, other - Please specify

8) How well do you speak English?

Very well 1

Well 2

Not well 3

Not at all 4

9) Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No

Yes, Aboriginal

Yes, Torres Strait Islander

Disability

10) Do you consider yourself to have a disability, impairment or long-term condition?

Yes Y

No N **No - Go to Question 12**

11) If YES, then please indicate the areas of disability, impairment or long-term condition:

(You may indicate more than one area.)

- | | | |
|---------------------------|--------------------------|----|
| Hearing/Deaf | <input type="checkbox"/> | 11 |
| Physical | <input type="checkbox"/> | 12 |
| Intellectual | <input type="checkbox"/> | 13 |
| Learning | <input type="checkbox"/> | 14 |
| Mental Illness | <input type="checkbox"/> | 15 |
| Acquired Brain Impairment | <input type="checkbox"/> | 16 |
| Vision | <input type="checkbox"/> | 17 |
| Medical Condition | <input type="checkbox"/> | 18 |
| Other | <input type="checkbox"/> | 19 |
-

Schooling

12) What is your highest COMPLETED school level? (Tick ONE box only.)

- | | | |
|-----------------------|--------------------------|----|
| Year 12 or equivalent | <input type="checkbox"/> | 12 |
| Year 11 or equivalent | <input type="checkbox"/> | 11 |
| Year 10 or equivalent | <input type="checkbox"/> | 10 |
| Year 9 or equivalent | <input type="checkbox"/> | 09 |
| Year 8 or below | <input type="checkbox"/> | 08 |
| Never attended school | <input type="checkbox"/> | 02 |
- Never attended school – Go to Question 14**

13) In which YEAR did you complete that school level?

14) Are you still attending secondary school?

- | | | |
|-----|--------------------------|---|
| Yes | <input type="checkbox"/> | Y |
| No | <input type="checkbox"/> | N |
-

Previous Qualifications Achieved

15) Have you SUCCESSFULLY completed any of the following qualifications?

- | | | |
|-----|--------------------------|---|
| Yes | <input type="checkbox"/> | Y |
| No | <input type="checkbox"/> | N |
- No - Go to Question 17**

16) If YES, then tick ANY applicable boxes.

Bachelor Degree or Higher Degree	<input type="checkbox"/>	008
Advanced Diploma or Associate Degree	<input type="checkbox"/>	410
Diploma (or Associate Diploma)	<input type="checkbox"/>	420
Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>	511
Certificate III (or Trade Certificate)	<input type="checkbox"/>	514
Certificate II	<input type="checkbox"/>	521
Certificate I	<input type="checkbox"/>	524
Certificates other than the above	<input type="checkbox"/>	990

Employment

**17) Of the following categories, which BEST describes your current employment status?
(Tick ONE box only.)**

Full-time employee	<input type="checkbox"/>	01
Part-time employee	<input type="checkbox"/>	02
Self employed - not employing others	<input type="checkbox"/>	03
Employer	<input type="checkbox"/>	04
Employed - unpaid worker in a family business	<input type="checkbox"/>	05
Unemployed - seeking full-time work	<input type="checkbox"/>	06
Unemployed - seeking part-time work	<input type="checkbox"/>	07
Not employed - not seeking employment	<input type="checkbox"/>	08

Study Reason

**18) Of the following categories, which BEST describes your main reason for undertaking this course /
traineeship / apprenticeship? (Tick ONE box only.)**

To get a job	<input type="checkbox"/>	01
To develop my existing business	<input type="checkbox"/>	02
To start my own business	<input type="checkbox"/>	03
To try for a different career	<input type="checkbox"/>	04
To get a better job or promotion	<input type="checkbox"/>	05
It was a requirement of my job	<input type="checkbox"/>	06
I wanted extra skills for my job	<input type="checkbox"/>	07
To get into another course of study	<input type="checkbox"/>	08
For personal interest or self-development	<input type="checkbox"/>	12
Other reasons	<input type="checkbox"/>	11