

APPLICATION FOR RECOGNITION OF PRIOR LEARNING (RPL)

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

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

Address..... Phone/Email.....

I wish to apply for RPL to enable me to:

ATTEND A HALF-DAY

REFRESHER WORK HEALTH AND SAFETY INDUCTION (\$100)

*for candidates who do **not hold a current MARCSTA Work Health and Safety Induction certificate** but do hold a current relevant qualification e.g. Work Safely in the Construction Industry (White Card); Follow Occupational Health and Safety Procedures (Transport Industry TLIF1001A); Work Safely and Follow OHS Policies and Procedures (Resources and Infrastructure Industry RIIOHS201A) etc.*

(with a current MARCSTA) SIT A ONE-HOUR (\$80)

FAST TRACK WORK HEALTH AND SAFETY INDUCTION

*for candidates who hold a **current** MARCSTA Work Health and Safety Induction certificate and have recent mining or industry associated practical experience.*

Current MARCSTA Number: _____

(without a current MARCSTA) SIT A ONE-HOUR

FAST TRACK WORK HEALTH AND SAFETY INDUCTION (\$80)

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

I agree to pay the processing fee listed above. 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	Cert # (if applicable)	Date

QUALIFICATIONS ACQUIRED

Date	Qualification

OFFICE USE ONLY:

Application checked and evidence verified:

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