

SafeWork NSW

EVIDENCE OF IDENTITY AND RECORD OF TRAINING FOR TRAFFIC CONTROL WORK TRAINING UNDER THE WORK HEALTH AND SAFETY REGULATION 2017

TCWT-EOI/ROT MAY 2020

Instructions

SafeWork NSW enters into agreements with Registered Training Organisations (RTOs) to deliver Traffic Control Work Training (TCWT) in NSW under the WHS Regulation. RTOs are required to complete a 100 point evidence of identity (EOI) check for each participant immediately prior to commencing training or assessment.

The applicant is required to show the RTO delegate **original** EOI documents that add up to at least 100 points. Within these documents the applicant must be able to show a photo, date of birth (minimum age 17 years), signature and current residential address. It is the RTO's responsibility to ensure that the relevant sections of the EOI form are complete, and to verify the EOI documentation provided.

The record of training (ROT) (last page of this form) is to be completed by applicants who have successfully completed TCWT and provides the information required for the RTO to lodge an application for a TCWT card on behalf of the applicant.

This EOI/ROT form is to be retained by the RTO and may be called upon for review during an audit or in response to a complaint or compliance related issues.

It is an offence under the *Crimes Act 1900* (Crimes Act) and WHS Act to make false or misleading statements on this form, heavy penalties apply.

Privacy compliance statement

This information is collected and retained by the RTO for the purpose of delivering TCWT training and TCWT assessment in NSW under the WHS legislation and for the purposes of making an application for a Traffic Control Work Training (TCWT) card on behalf of a successful applicant. This information may be disclosed and used by SafeWork NSW for the purpose of monitoring and ensuring compliance with the WHS Act and the WHS Regulation. This information may also be used for the purposes of confirming a participant's details as required. Information provided in this form will not be used or disclosed except in accordance with the requirements of the *Privacy* and Personal Information Protection Act 1998 (PPIP Act) and/or Government Information (Public Access) Act 2009 (GIPA Act). Individual course participants can gain access to their personal information that is held by the RTO.

SECTION 1. EOI TABLE ■

This section must be completed prior to the commencement of TCWT assessment. Mark the appropriate boxes.

Applicant name

Please compl	ete the applicab	le evidence of identity details in t	he shaded box belo	w (please print in BLOCK LE	TTERS only)
rimary (only	use one primary	document)			
		e/card (minimum 14 years for GIT trar of Births Deaths and Marriages	Number	State	70
Australian or international passport (current or expired within last two years, but not cancelled)			Number	Country	
Australian citizenship certificate			Number		70 70
econdary					70
Current Australian state or territory driver's licence or learner driver licence/permit			Number	State	
Current Australian state or territory boat operators photo licence (eg personal watercraft driving licence)			Number	State	40
Current NSW firearms photo licence			Number		40
Current Australian issued high risk work licence			Number	State	40
Current Australian state/territory proof of age or photo card (eg a NSW RMS issued photo card)			Number	State	40
Australian Police or Dept of Defence card (with photo)			Number		40
					40
he following	documents are	worth 25 points (please tick box fo	or type of EOI being	used and record points valu	e)
Departme Veterans Property	Affairs card	Current Centrelink card Home	Property (council) rates notice issued in the last three (3) months Utility bills issued in the last three		x 25 =
agreemer Current n	ement insurance papers (3) months ent motor Motor vehicle Telephone account issued in the		x 25 =		
	gistration	insurance papers Credit/Savings cards/			x 25 =
Medicare		Bank statements (1)	Bank statements (2)		x 25 =
-		ards or statements (up to a maxin savings card or statement equates			l points

RTO/NOMINATED TRAINER USE ONLY

Please confirm at least 100 points of EOI containing the following information has been validated by ticking the box below:

Photo ID sighted Date of birth sighted

Current residential address sighted

Signature sighted

Please tick the box to indicate the training delivered

TCWT TCWT assessment

SECTION 2. PARTICIPANT DETAILS AND DECLARATION

This section is to be completed prior to the commencement of TC	CWT training and TCWT assessment.
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Title Family/Surname Date of birth (DD/MM/YYYY)

Given name Mobile number

Other names Email

STREET ADDRESS (MUST NOT BE A PO BOX)

Unit number/Street number/Property number (include Lot or DP number if applicable)

Unit number/Street number/Property number (include Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag)

Same as street address

POSTAL ADDRESS

Street name Street name

Suburb Suburb

State Postcode State Postcode

PARTICIPANT DECLARATION

I declare that the details contained on this form are true and correct. The EOI details were provided to the RTO prior to attending TCWT or TCWT assessment under the WHS Regulation.

Participant's signature Date (DD/MM/YYYY)

It is an offence under the *Crimes Act 1900* (Crimes Act) and WHS Regulation to make false or misleading statements in this application.

SECTION 3. RTO AND NOMINATED TRAINER DETAILS AND DECLARATION

This section is to be completed prior to the commencement of TCWT training and/or a TCWT assessment.

RTO name Nominated trainer name

SafeWork NSW approval number Nominated trainer identification

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RTO DELEGATE DECLARATION

I certify that I have sighted and confirmed the participant's EOI against original documentation provided prior to conducting TCWT training and TCWT assessment. (Delete course/assessment if not applicable.) under the WHS Regulation.

RTO delegate's signature Date (DD/MM/YYYY)

It is an offence under the Crimes Act and WHS Regulation to make false or misleading statements in this application.

SECTION 4. RECORD OF TRAINING!

This section must be completed after TCWT training and/or a TCWT assessment is completed.

APPLICANT'S DECLARATION FOR TCWT TRAINING OR TCWT ASSESSMENT (DELETE WHICH EVER IS NOT APPLICABLE)

(print name)

understand and declare that:

- I have read the privacy compliance statement and consent to SafeWork NSW using my information (including personal information) as outlined in that statement
- the information supplied in this application is true and correct to the best of my knowledge.

Applicant's signature

Date of declaration (DD/MM/YYYY)

TRAINER'S DECLARATION

I, (print name)

certify that the applicant has successfully completed traffic control work training/traffic control work training assessment (strike out which ever is not applicable). Competence was demonstrated through completion of gazetted training and the required course live assessments.

Date training/assessment completed (DD/MM/YYYY) Statement of completion (SOC) number issued

Trainer's signature Date of declaration (DD/MM/YYYY)