

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 complete the applicable ev	vidence of identity details in t	he shaded box below (pl	lease print in BLOC	CK LETTERS only)
Primary (only use one primary doc		Points value		
Australian Birth Certificate/card (minimum 14 years for GIT only) issued by the Registrar 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
Secondary				
Current Australian state or ter or learner driver licence/perm	Number	State	40	
Current Australian state or ter licence (eg personal watercraf	Number	State		
Current NSW firearms photo I	icence	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 wort	h 25 points (please tick box fo	or type of EOI being used	l and record points	value)
Department Veterans Affairs card Property Jassa	Current Centrelink card Home	Property (council) rates notice issued in the last three (3) months x 25 = Utility bills issued in the last three		x 25 =
agreement insurance papers		(3) months Telephone account issued in the		x 25 =
	insurance papers Credit/Savings cards/	last three (3) months x 25 = Credit/Savings cards/		x 25 =
Medicare card Note: If using credit/savings cards	Bank statements (1)	Bank statements (2)	from different	x 25 =
inancial institutions. 1 credit/savings			Total 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 TCWT training and TCWT assessment.

Title	Family/Surname		Date of birth (DD/MM/YYY	Y)
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)		POSTAL ADDRESS Same as street address Unit number/Street number/Property number (include Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag)		
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

SafeWork NSW approval number

Nominated trainer name

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)

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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

Trainer's signature

(print name)

(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)

Date of declaration (DD/MM/YYYY)

Statement of completion (SOC) number issued