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APPLICATION FOR RPL- OSH TRAINING FOR SUPERVISORS AND MANAGERS TO ACHIEVE A STATEMENT OF ATTAINMENT

I wish to apply for Recognition of Prior Learning of my competence in the unit / s:

(tick appropriate)

- BSB WHS302A Apply knowledge of WHS legislation in the workplace
- BSBOHS303B Contribute to OHS hazard identification and risk assessment
- BSBOHS304B Contribute to OHS hazard control
- BSB WHS402A Assist with compliance with WHS laws
- BSB WHS404A Contribute to WHS hazard identification, risk assessment and risk control
- BSBOHS404B Contribute to the implementation of strategies to control OHS risk
- BSB WHS406A Assist with responding to incidents

Copies of evidence in support of my claim are attached.

PLEASE PRINT ALL ANSWERS

Name of Candidate.....

Date of Birth

Address

.....

Telephone Fax

Email

I agree to pay the **fee of \$100.00** per unit for processing. If further assessment is required of competency, additional fees will be discussed with MARCSTA.

I agree that I will not be entitled to any refund of fees in the event that I do not meet the requisite competency standards and that any further training I require shall be at my expense.

I declare that the personal information contained in this application is a true and accurate record.

Candidate signature..... Date

Application checked and evidence verified:

MARCSTA Provider.....Signature _____ Date

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 11
- Physical 12
- Intellectual 13
- Learning 14
- Mental Illness 15
- Acquired Brain Impairment 16
- Vision 17
- Medical Condition 18
- Other 19
-

Schooling

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

- Year 12 or equivalent 12
- Year 11 or equivalent 11
- Year 10 or equivalent 10
- Year 9 or equivalent 09
- Year 8 or below 08
- Never attended school 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 Y
- No N
-

Previous Qualifications Achieved

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

- Yes Y
- No 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 |

Unique Student Identifier (if applicable) _____