

# Traffic Control Training Registration Form

Name of course	<b>Prepare a Work Zone Traffic Management Plan (Safework NSW)</b>
Date(s) of course	

## Client Details

USI *		Gender	
Surname (as per ID)			
First Name		Middle Name(s)	
Residential Address			
State		Postcode	
Postal Address			
Date of birth		Contact Number	
Email address			
Current Occupation			

## Course Eligibility (please select)

Proficiency in English	<input type="checkbox"/> Good	<input type="checkbox"/> OK	<input type="checkbox"/> Not good
Literacy	<input type="checkbox"/> Good	<input type="checkbox"/> OK	<input type="checkbox"/> Not good
Numeracy	<input type="checkbox"/> Good	<input type="checkbox"/> OK	<input type="checkbox"/> Not good

## Relevant Qualifications (if you have any of the following cards, please provide copies with your registration)

Construction Industry Induction Card Number		State	
Traffic Controller Card Number		Expiry	
Implement Traffic Control Plans Card Number		Expiry	
Prepare Work Zone Traffic Management Plans Card Number		Expiry	
Relevant Tertiary Qualifications (Description)			

## Payment Method Credit Card Cheque Cash

Person / Company paying for the course	
Email address for invoice	

See page 2 for Experience Declaration, Payment & Cancellation Policy and information on USI numbers.

## Prepare a Work Zone Traffic Management Plan Course Experience Declaration

### Employer Details

Name of person attesting participants experience	
Company Name	
Title / Role in company	
Relation to participant (manager / supervisor)	

### Please provide as much detail attesting to your experience that reflects the course content

**a) Demonstrated industry experience in Traffic Management** *(please provide in written detail the relevant functions performed in your role. The objective of this for you to demonstrate that you have the required pre-requisite knowledge, experience and skill to be considered for the course)*


**b) Timeframe performing these functions** *(do not list timeframe of employment alone, please also indicate the timeframes of the actual traffic control duties performed)*


**c) Please list the types of equipment and tools that the participant used currently to manage traffic control duties.**


### Employers Declaration

**It is an offence under the Crimes Act 1900 (Crimes Act) to make a false or misleading statement in this form, heavy penalties apply.**

**I declare and understand that the information supplied in this application is true and correct in every part.**

**Manager/Supervisor Signature**

**Date**

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### Payment & Cancellation Policy

Please note, it is a condition of booking that a 50% deposit may be requested at the time of booking. The balance must be paid on or before the course date. If we receive your cancellation a minimum of 7 days prior to the event, you are entitled to a full refund. Registrations cancelled less than 7 working days prior to the commencement of the training course being delivered or failure to notify of non-attendance will result in the candidate forfeiting the deposit amount. Attendee substitutions will be accepted provided all pre-requisites are met. TTE reserve the right to cancel any training course or postpone it to an alternative date. All registered participants affected by cancellation or postponement will receive a full refund or be offered the opportunity to transfer to the next available training course.

\*USI - Unique Student Identifier - If you are undertaking nationally recognised training you will need to have a USI number from the 1st January 2015. Under this Government legislation training organisations can only issue certification when they have received your USI. It is free and easy for you to create your own USI online. Please refer to the following link to create your unique identifier number. <http://www.usi.gov.au/Pages/default.aspx>