## Form 108

## Application for renewal of accreditation as an assessor for high risk work classes

V07.02.24

Renewal form							
Full name of the accredited	assessor:						
Assessor number:		High risk work licence number:					
Yes I am renewing my acc	reditation as an assessor	for high risk wo	ork classes.				
No I am not renewing my	accreditation as an assess	sor for high risl	k work classes. <i>(Go</i>	directly to sect	tion 7)		
Section 1. Contact det	ails of assessor						
Current residential addres	ss						
Unit number	Street number		Street name				
Suburb/locality	<u> </u>		State		Pos	stcode	
Phone number During business	hours		Phone number of	utside of business	hours		
Email address							
Postal address							
Cross this box if your po	stal address is the same a	as your address	above, or provide	your postal ad	dress deta	ils below	
PO Box number	GPO Box number	P	rivate Bag number		Locked Ba	ag number	
Suburb/locality		S	tate		Postcode		
Section 2. Classes							
Please select the classes you	wish to renew:						
LF LO RS	CB CD WP	CN	CP C2 C	C6 C1	СТ	cs 1	TO
BS BA CO	CV PB DG	ПР П	HM RB F	RI RA	SB	SI S	SA ES
Section 3. Additional	information						
Have you ever been convicted Safety Regulation 2011 (WH This relates to offences under infringements, criminal offences)  Yes No (If yes, prov.)	ed or found guilty of any of S Regulation) or under the reference of the WHS Act or WHS Reces or breaches of other le	e work health a egulation or W	and safety law of an	other state, tei	rritory or th	ne Commonv	vealth?
Have you entered into an enf  Yes No (If yes, prov	_	er the WHS Act	or the WHS law of	another state,	territory o	or the Commo	nwealth?



			nad an equivalent accreditation under the WHS Act or WHS Regulation or the WHS law of another state, territory or alth refused, suspended or cancelled? This relates to high risk work accreditations only, not any other type of licence.
Ye	s	No	(If yes, provide details)
Are yo	ou or	have	you been disqualified from applying for a similar high risk work accreditation?
Ye	s	No	(If yes, provide details)
Sect	ion	4. E	vidence of currency
In ord	er to	renev	v your accreditation, you will be required to show evidence of currency in the industry. This can be evidenced by either:
• tl	he co	mplet	ion of 9 assessments per accreditation class in the preceding three years, or
			35 hours of operational experience per accreditation class in the preceding three years (using a combination of evidence f operation, training experience, trainer/assessor experience).
			your application, WHSQ will review assessment records to determine the number of completed assessments. If the required saments have not been completed, a letter will be issued to you requesting further information.
Sect	ion	5. E	vidence of current high risk work licence
In ord classe asses	er to es yo sor n	renev u are s nust o	y your accreditation, you will be required to provide evidence that you currently hold a valid high risk work licence for the seeking to renew. Condition 39 of the <i>Conditions of accreditation as an assessor for high risk work classes</i> states that the nly conduct assessments in the HRW licence class for which they hold assessor accreditation. Evidence of a current High e for the classes you are seeking to renew is required.
Sect	ion	6. C	hecklist
Ih	iave (	enclos	sed the relevant fee (see Section 8 Fee)
lh	ave e	enclos	sed a certified colour copy (front and back) of my current high risk work licence
□lh	ave e	enclos	sed a certified colour copy (front and back) of my current driver's licence or proof of age card
□ıh	ave e	nclose	d evidence of:
•	-		sments per accreditation class in the preceding three years (this is only required for interstate assessors that hold multiple tations and have not conducted assessments in Queensland but have in another jurisdiction), or
•			s of operational experience per accreditation class in the preceding three years (using a combinationof evidence e.g. hours of operation, experience, assessor experience). This is only required where evidence of 9 assessments cannot be sent.
		enclos or car	sed 1 passport quality photograph (this is required for interstate HRW licence holders only, for the issuing of a new HRW d)
Ih	iave (	compl	eted and signed the renewal form
Sect	ion	7. De	eclaration by applicant
• It	is ar	n offer	nce under the WHS Act to provide false or misleading information when applying for accreditation as an assessor.

- Section 271 of the WHS Act permits the release of information by WHSQ as the regulator that is necessary for the recognition of authorisations under a corresponding WHS law or is required for the exercise of a power or function under a corresponding WHS law. The release of your contact details on the WHSQ website will enable your details as an accredited assessor to be made available to RTOs.
- Make sure you read and understand the declaration before you sign.

## Assessor renewing the accreditation: I declare that:

- The information supplied in this application is true and correct to the best of my knowledge.
- None of the information supplied by me in this application or in any other documents attached to or submitted in support of this application is false or misleading.
- In making this application I have not failed to provide any material information relating to the matters addressed above.
- I acknowledge that it is an offence under the WHS Act to provide false and misleading information in this application or any documents submitted in support of this application.
- I have read and understood the current *Conditions of accreditation as an assessor of high risk work classes* and agree and undertake to always abide by them in the conduct of assessments of applicants for HRW licence under the WHS Regulation.

AEU 21/5166

	making enquiries and exchanging information with WHS regulators in other si er relevant to this application.	tates, territories or the Commonwealth
I understand the de	etails of my accreditation will be published by WHSQ.	
I agree to my conta	ct details being included in the published information. $\square$ Yes $\square$ No	
Signed:		Date
Assessor not renev	ving the accreditation:	
	ish to renew my assessor accreditation with WHSQ. I acknowledge that my acl lare that I have destroyed/deleted all national assessment instruments in my	
Note: You are requi	ired to destroy or dispose accordingly any National Assessment Instruments in	n your possession.
Applicant signature	2	
Signed:		
Jigiicu.		Date
PRIVACY STATEMEI	NT	
with the Work Health and regulator/s in order to o	ment is collecting your personal information in order to process your application for accreditation as If Safety Act 2011. It is the department's usual practice to disclose this information to the applicable of the public who wish to check this status.	Commonwealth, state or territory health and safety
Section 8. Fee		
View the list of sch	eduled fees at worksafe.qld.gov.au/oir-fees. GST does not apply to fees.	
Payment details		
I have enclosed	a cheque or money order (cheques should be made out to the Office of Indus	trial Relations)
OR		
I will pay by cre	edit card.	
A payment link will	be sent from: no-reply@bpoint.com.au.	
Section a: Ret	urning the form	
Scan and email:	WHSQLicensing@oir.qld.gov.au	
Post:	Licensing and Regulatory Interventions  Workplace Health and Safety Queensland	

Scan and email:	WHSQLicensing@oir.qld.gov.au	
Post:	Licensing and Regulatory Interventions Workplace Health and Safety Queensland PO Box 820 Lutwyche QLD 4030	

Privacy statement. The Queensland Government is collecting your personal information in order to process your application in accordance with the Work Health and Safety Act 2011. It is the usual practice to disclose this information to the applicable Commonwealth, state or territory health and safety regulator/s in order to obtain information relevant to making a decision on your application. The Queensland Government may also disclose your licence status to employers or prospective employers and members of the public who wish to check this status.