

APPLICATION FOR ACCREDITATION

SHOT-FIRING COURSE

SHOT-FIRING INSTRUCTOR

In accordance with the Part 9, *Explosives Regulations 2012*

A. REASON OF APPLICATION

Shot-firing training course

- Accreditation Renewal Transfer Variation

Shot-firing instructor

- Accreditation Renewal Variation

B. Applicant Details

Full name of applicant

Business address (must not be PO Box)

Post Code

Postal Address

Post Code

Applicant Email

Applicant Phone

Applicant Fax

Applicant Phone

If applicant is an entity. Full name of directors

ABN

Contact person for correspondence

C. APPLICATION DETAILS

I. SHOT-FIRING COURSE For Accreditation, Renewal or Variation you must provide the following detail:

- The aim and scope of the course and the standard of its practical and theoretical content
- The shot-firing 'categories' for which training is being conducted, (including the relevant national competency units)
- Samples of course material and protocols, with particular regard to supervision, explosives security, trainee and instructor safety and hazard management
- The aim and scope of the course and the standard of its practical and theoretical content
- The scale and duration of the course
- The availability of suitably qualified shot-firing instructors of the relevant category
- The nature and standard of the course assessment process
- Provision of any learning materials such as legislation and codes of practice relevant to shot-firing competencies or training of the relevant category

Attach relevant supporting material.

2. SHOT-FIRING INSTRUCTOR For Accreditation, Renewal or Variation you must provide the following detail:

- Qualifications and experience in shot-firing and shot-firing training (generally or to a specific shot-firing category)
- Category of shot-firing instructor accreditation that is sought (e.g.: Underground; Surface; Structural; Seismic) r43
- The staffing and instructional needs of the shot-firing course
- Name of Registered Training Organisation (RTO)

Attach relevant supporting material.

Notes:

- a) Applicants seeking recognition of any interstate authority must include copies of any existing permit/licence
- b) If wishing to transfer accreditation of a shot-firing course, contact WorkSafe Tasmania on 1300 322 366

D. DECLARATION BY APPLICANT

I (Full name)

- I am 18 years of age or over
- I am aware that it is an offence under section 70 of the Act to provide information in this application knowing it to be false or misleading, or to omit any information knowing that without the information the notification is false or misleading
- to the best of my knowledge and belief the information in this application is true and accurate

Signed

Date

E. PAYMENT INFORMATION

A fee of \$79.00 applies to each type of application (each box ticked).
Forward completed Application form to WorkSafe Tasmania PO BOX 56, Rosny Park TAS 7018

Credit Card Payment Master Card Visa

Credit Card Number

Expiry date (mm/yy)

Amount Paid \$

Cardholder's Name

Phone number

Signature

Personal information we collect from you will be used by WorkSafe Tasmania for that purpose and may be used for other purposes permitted by the *Explosives Act 2012* and associated laws. Failure to provide this information may result in your application not being processed or records not being properly maintained. Your personal information may be disclosed to contractors or agents of WorkSafe Tasmania, law enforcement agencies, courts and other public sector bodies or organisations authorised to collect it. This information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by you on request to this Department. You may be charged a fee for this service