

## Safety Training Provider

RTO ID: 46426

### Recognition of Prior Learning (RPL) Application Form

This form is for students with experience or learning in traffic control. It helps us understand if you can go straight to the assessment part of the course without doing the training.

#### Section 1 – Applicant Details

Full Name	
Date of Birth	
Contact Number	
Email	
Address	
USI (Unique Student Identifier)	

#### Section 2 – Work History in Traffic Control or Related Roles

List your past jobs where you did traffic control or similar work. You can attach extra pages if needed.

Job Title	Company Name	Dates (From – To)	Main Duties

#### Section 3 – Skills and Knowledge

Tick the things you have done before:

- ☐ Used a stop/slow bat
- ☐ Set up or packed down traffic control signs
- ☐ Worked under a Traffic Management Plan
- ☐ Worn or used PPE on a worksite
- ☐ Set up a worksite on a public road
- ☐ Worked in teams with other traffic controllers
- ☐ Handled emergency or unplanned road events
- ☐ Directed vehicles or pedestrians around worksites
- ☐ Read and followed signs and plans
- ☐ Communicated using two-way radios
- ☐ Reported incidents or near misses

Other (please list):

#### Section 4 – Past Training or Qualifications

List any courses, inductions, or tickets you have completed related to traffic control or safety.

Course or Qualification	Training Provider	Date Completed	Certificate Attached (Y/N)

#### Section 5 – Evidence Attached

Please tick the evidence you are submitting with this form:

- ☐ Resume or CV
- ☐ Job description(s)
- ☐ Work reference(s)
- ☐ Photos of worksite setups
- ☐ Statement(s) from supervisor(s)
- ☐ Previous certificates or licences
- ☐ Other (please list): \_\_\_\_\_

#### Section 6 – Declaration

I declare that all the information I have given is true and correct. I understand that giving false or misleading information may affect my application.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Office Use Only**

**Received by   Date Received**

Assessor's Initial Review:

- ☐ Suitable for RPL Assessment
- ☐ More information required
- ☐ Not suitable for RPL – recommend full training

Comments:

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**Assessor Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_