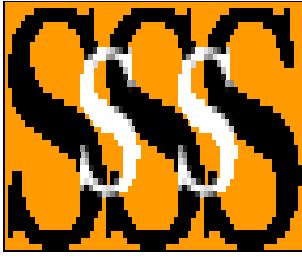


Attention: Printer settings for PDF Printing 100 to 130%



S.R. & S.C. SCHEYER

A.B.N. - 80712611497

ASSESSMENT APPLICATION

(To be signed and all 3 pages returned or faxed to 02 98727674)

WorkCover assessments are undertaken in accordance with the legislative requirements of the NSW Government and the WorkCover Authority.

It is mandatory that all names of the students and the class of assessment be supplied to the NSW WorkCover Authority no less than 48 hours prior to the assessment taking place. It is therefore necessary for S.R. & S.C. SCHEYER to be provided with a completed copy of this application within a time frame which would allow for the minimum notice required by The WorkCover Authority of NSW.

Each candidate must supply 100 points of Identification as per the table below

						Point Value
Primary	Birth Certificate/Card	Number		State		70
	Passport	Number		Country		70
	Australian Citizenship Certificate	Number				70
Secondary	Drivers Licence	Number		State		40
	NSW Photo Card (RTA Issued)	Number		State		25
	Medicare Card	DVA Card	Centrelink Card	Credit card or account card	Bank statement	25
	Motor vehicle registration or insurance docs	Property rates notice	Property lease agreement	Home insurance papers	Utilities bills	25
					SC Form	
	TOTAL POINTS					

The combination of the identification supplied must include a photo of the applicant and a current address.

If bank debit or credit cards are to be used they must be from different institutions.

Also a Log Book filled out in accordance to Workcover Regulations must be provided by each Applicant for each Class of Licence being applied for.

S.R. & S.C. SCHEYER will reserve the right to **refuse to assess any applicant who does not provide sufficient ID as per the table and / or a Log Book.**

PLEASE NOTE: At least 24 hrs notice must be given with respect to cancellation or full fee may be charged.

PO BOX 188 Rydalmere BC NSW 1701 Ph / Fax (02) 98727674 Mob 0403631863

Company Name: _____

Location of assessment: _____

Contact person: _____

Contact Number: _____

Company Order Number: _____

Classes

Loadshifting	LF (Forklift)	LS (Skidsteer)	LE (Excavator)	LL (Frontend loader)
	LB (Backhoe)			
Other	DG (Dogman)	SB (Scaffold Basic)	SI (Scaffold Intermediate)	

Ring 0403631863 For Prices

Names of candidates

1. _____	_____	=
First Name	Surname	Class
2. _____	_____	=
First Name	Surname	Class
3. _____	_____	=
First Name	Surname	Class
4. _____	_____	=
First Name	Surname	Class
5. _____	_____	=
First Name	Surname	Class
6. _____	_____	=
First Name	Surname	Class

Total Due = \$ _____

Payment must accompany this application and declaration unless alternative arrangements have been made.

Declaration

I _____ of _____ have read and

Full Name

Company

understood the conditions associated with this application. I am aware that **each candidate must provide the required minimum required supporting identification equivalent to 100 points in addition to a Record of training book (log book)**. I am responsible for providing the plant required for the assessment (unless otherwise arranged).

I am also aware that the plant must be safe to operate and that all load plates, charts and operating manuals must accompany the plant or be affixed to it (if unsure please contact WorkCover.)

I acknowledge that S.R.& S.C. SCHEYER will not be responsible for any losses which may occur as a result of failing to meet these minimum requirements.

I wish to have the abovementioned persons assessed at _____

Address

on _____ of 2007 at _____ am/pm

Date

Time

Signed: _____

Position: _____

Date: _____