Government of South Australia
SafeWork SA

APPLICATION FOR ASSESSMENT

Issued April 2026

DO NOT SEND THIS FORM TO SAFEWORK SA

YOU MUST FILL IN THIS FORM IF YOU WISH TO BE ASSESSED FOR A CLASS OF HIGH RISK WORK.

YOUR ACCREDITED ASSESSOR IS REQUIRED BY LAW TO KEEP THIS FORM FOR AUDITING PURPOSES.

A. APPLICANT'S DETAILS *(PRINT CLEARLY)*

MR ☐ MRS ☐ MS ☐ MISS ☐ DATE OF BIRTH DD / MM / YYYY MALE ☐ FEMALE ☐ OTHER ☐

GIVEN NAME/S | FAMILY NAME

HOME ADDRESS (UNIT, STREET NUMBER, STREET NAME) | SUBURB (SUBURB, STATE) | POSTCODE (POST CODE)

POSTAL ADDRESS (IF DIFFERENT FROM ABOVE) | SUBURB (SUBURB, STATE) | POSTCODE (POST CODE)

CONTACT PHONE NUMBER (MOBILE / LANDLINE) | DO YOU HAVE AN EXISTING HRWL ISSUED IN SA? YES ☐ NO ☐

EMAIL ADDRESS (EMAIL) | HRW LICENCE #

B. CLASS OF HIGH RISK WORK (USE A SEPARATE FORM FOR EACH DIFFERENT CLASS OF WORK)

DESCRIPTION | CODE

C. PCBU/EMPLOYER DETAILS (STATE IF 'SELF EMPLOYED', DETAILS FROM SECTION A WILL APPLY)

NAME OF PCBU / ORGANISATION

POSTAL ADDRESS (IF DIFFERENT FROM ABOVE) | SUBURB (SUBURB, STATE) | POSTCODE (POST CODE)

CONTACT TELEPHONE NUMBER/S (TEL ( )) | (MOB)

D. REGISTERED TRAINING ORGANISATION (RTO)

NAME OF REGISTERED TRAINING ORGANISATION | RTO #

E. EVIDENCE OF CURRENT UNIT OF COMPETENCY (UOC) SATISFACTORY COMPLETED (TICK ONE)

☐ TRAINING AND ASSESSMENT OF UOC COMPLETED WITH RTO IN SECTION D ☐ RECOGNITION OF PRIOR LEARNING OF UOC WITH RTO IN SECTION D

☐ EVIDENCE OF UNIT OF COMPETENCY PROVIDED (FOR EXAMPLE: STATEMENT OF ATTAINMENT, USI TRANSCRIPT)

DATE UNIT OF COMPETENCY COMPLETION/ATTAINMENT: DD / MM / YYYY

F. ASSESSMENT REQUIRED (TICK RELEVANT BOX)

FULL ASSESSMENT ☐ PARTIAL ASSESSMENT ☐ RE-ASSESSMENT ☐

G. APPLICANT DECLARATION

(YOUR DETAILS WILL BE PROVIDED TO SAFEWORK SA FOR THE PURPOSE OF AUDITING. APPLICANTS MAY BE CONTACTED DIRECTLY BY SAFEWORK SA AS PART OF ASSESSMENT AUDITING PROCESSES)

I, ...DECLARE THAT:

TO THE BEST OF MY KNOWLEDGE, ALL OF THE INFORMATION AND SUPPORTING DOCUMENTATION THAT I HAVE PROVIDED IS TRUE AND CORRECT IN EVERY PARTICULAR.

APPLICANT'S SIGNATURE ..... DATE: DD / MM / YYYY

H. THIS PART TO BE COMPLETED BY THE ACCREDITED ASSESSOR

EVIDENCE OF CURRENT SATISFACTORY UNIT OF COMPETENCY COMPLETED (UOC) HAS BEEN VERIFIED AND RETAINED FOR AUDITING PURPOSES (TICK APPLICABLE)

RTO LISTED AT 'D' HAS RETAINED A COPY ☐ ASSESSOR HAS RETAINED A COPY ☐

DATE OF ASSESSMENT | PROOF OF APPLICANT'S ID SIGHTED (LICENCE / ID NUMBER)

APPLICATION ACCEPTABLE ☐ NOT ACCEPTABLE ☐

NAME OF ACCREDITED ASSESSOR | SRA

ACCREDITED ASSESSOR SIGNATURE ..... DATE: DD / MM / YYYY

NOTE: THIS FORM MUST BE KEPT BY THE ACCREDITED ASSESSOR AND MADE AVAILABLE FOR AUDITING WHEN REQUESTED.