

Appendix 2 Additional nominated trainer

Business name	<input type="text"/>		
ABN/ACN	<input type="text"/>		
Trading name	<input type="text"/>		
RTO number	<input type="text"/>	Registration expiry date	<input type="text"/>

Nominated trainer details

A nominated trainer is a person employed by, contracted to, partnered with or affiliated with the applicant training provider and who will deliver HSR training if approved by the Work Health and Safety Commission.

Nominated trainers are required to declare any work health and safety disciplinary proceedings in any State or Territory i.e. suspensions, cancellations and court related matters.

The applicant training provider is required to provide details of at least one nominated trainer with this application.

The applicant training provider must gain Work Health and Safety Commission approval for any additional nominated trainer(s) prior to delivery of HSR training in the Western Australia.

The applicant training provider must attach certified copies of each nominated trainer's formal qualifications.

The applicant training provider must attach details of each nominated trainer's previous work experience to demonstrate compliance with the trainer qualifications in the guidelines and criteria.

Name	<input type="text"/>		
Date of birth	<input type="text"/>	Contact number	<input type="text"/>
Postal address	<input type="text"/>		
Town/suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Email address	<input type="text"/>		

Nominated trainer declaration

The information in this application and documentation submitted are true and correct to the best of my knowledge.

I will comply with the ongoing obligations of approval as defined by the conditions of approval.

I consent to the Work Health and Safety Commission making enquiries and exchanging information with work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.

Nominated trainer signature	<input type="text"/>	Date	<input type="text"/>
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Authorised officers acceptance of approval condition

- Have each of your nominated trainers completed the nominated trainer declaration?
- Does each nominated trainer meet the requirements detailed in the guide?
- Have you attached certified copies of each nominated trainer's formal qualifications and details of their work experience?
- Have you sighted proof of identity?

Authorised officers declaration

As authorised officer(s) I/we declare:

I have authority from the approved training provider to complete and submit this notification.

The information in this notification and documentation submitted are true and correct to the best of my knowledge.

I consent to the Work Health and Safety Commission making enquiries and exchanging information with work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.

Name of authorised officer

Position

Signature

Date

Checklist

- Application form completed and declaration signed
- Attached certified copies of each nominated trainer's formal qualifications
- Attached details of each nominated trainer's relevant work experience
- Authorised officer(s) completed the acceptance of approval conditions and declaration
- Make a copy of your full application (and all attachments) for your records

Lodgement

Complete applications must be lodged via email to WHSCommission@demirs.wa.gov.au