Application Form for Accreditation as a Roadworks Traffic Manager

August 2019

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| **PERSONAL DETAILS (Please use block letters)** | | | | | | | | | | | | | | | | | |
| Surname | | | | |  | | | | | | | Title | | Mr Mrs Ms Dr | | | |
| Given Names (in full) | | | | |  | | | | | | | | | | | | |
| Employer | | | | |  | | | | | | | | | | | | |
| CONTACT DETAILS | | | | | | | | | | | | | | | | | |
| No/Street or PO Box | | | | |  | | | | | | | | | | | | |
| Suburb | | | | |  | | | | | | | | | | | | |
| State | | | | |  | | | | | | | | | | | | |
| Postcode | | | | |  | | | | | | | | | | | | |
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| Telephone (work) | | | | |  | | | | | | | | | | | | |
| Mobile | | | | |  | | | | | | | | | | | | |
| Email (work) | | | | |  | | | | | | | | | | | | |
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| Do you want the above details displayed on the Main Roads’ website? | | | | | | | | | | | | | Yes  No | | | | |
| **ACCREDITATION CRITERIA (copies of relevant certificates shall be attached)** | | | | | | | | | | | | | | | | | |
| Have you held accreditation in Advanced Worksite Traffic Management (or equivalent) for 5 years? | | | | | | | | | | | | | Yes  No | | | | |
| Training Provider: | | |  | | | | | | | | | | | | | | |
| Current certificate No: | | |  | | | | | | Date of Accreditation: | | | | | |  | | |
| Have you undertaken the MRWA/IPWEA Road Safety Auditor course within the previous 5 years? | | | | | | | | | | | | | Yes  No | | | | |
| Have you been an Audit Team Member or Audit Team Trainee on at least five Road Safety Audits or Temporary Traffic Management Audits within the previous two years under the guidance of an accredited Senior Road Safety Auditor or accredited Roadworks Traffic Manager? | | | | | | | | | | | | | Yes  No | | | | |
| Have you been an Audit Team Member or Audit Team Trainee on at least one detailed design state audit within the previous two years, under guidance of an accredited Senior Road Safety Auditor? | | | | | | | | | | | | | Yes  No | | | | |
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| Have you gained Australian Qualification frameworks compliant Statement of Attainment in the Resources and Infrastructure Training Package Unit of competency RIIOHS302A - ‘Implement Traffic Management Plan’ or equivalent? | | | | | | | | | | | | | Yes  No | | | | |
| Training Provider: | | |  | | | | | | | | | | | | | | |
| Certificate No: | | |  | | | | | | Date of Accreditation: | | | | | |  | | |
| Have you attended a course incorporating the design of temporary road safety barriers within the last three years? | | | | | | | | | | | | | Yes  No | | | | |
| **ACADEMIC QUALIFICATIONS:** | | | | | | | | | | | | | | | | | |
| Degree / Diploma: | | | | | |  | | | | | | | | | | | |
| Institution: | | | | | |  | | | | | | | | | | | |
| Year: | | | | | |  | | | | | | | | | | | |
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| **EXPERIENCE** – Provide details of direct practical experience (at least 5 years) in the review, approval or design of TMP’s. Attach additional sheets if insufficient space below. | | | | | | | | | | | | | | | | | |
| **Period** | | | | **Employer** | | | | **Position** | | | | | | | | **Nature of work / responsibilities** | |
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| **ADDITIONAL REQUIREMENTS** | | | | | | | | | | | | | | | | | |
| Have you provided at least one Compliance or one Suitability Traffic Control Guidance Scheme audit that you have prepared under the mentorship of an accredited RTM? | | | | | | | | | | | | | Yes  No | | | | |
| Have you provided evidence of 5 years direct practical experience in the review, approval or design of TMP’s. Including experience with traffic signal operation, multiple work stages, and management of cyclists and pedestrians This can be demonstrated by work related examples or sign off by a team leader or manager. | | | | | | | | | | | | | Yes  No | | | | |
| Evidence of attending or implementing traffic performance analysis with examples of level of service calculations. | | | | | | | | | | | | | Yes  No | | | | |
| Have you included a signed copy of the RTM Code of Conduct form? | | | | | | | | | | | | | Yes  No | | | | |
| Have you provided evidence of having read the   * State Administrative Tribunal’s pamphlet entitled *A guide for experts giving evidence in State Administrative Tribunal* * District Court of WA Code of Conduct – Expert Witness | | | | | | | | | | | | | Yes  No | | | | |
| Have you provided evidence of work related report writing and documentation? | | | | | | | | | | | | | Yes  No | | | | |
| **INSURANCE REQUIREMENT**  Applicants seeking accreditation as a Roadworks Traffic Manager from Main Roads WA must provide copies of current certificates of insurance. The following insurances*(1)*will be required:   |  |  | | --- | --- | | 1. Public liability insurance covering the legal liability of the Applicant and the Applicant’s Personnel arising out of services provided in relation to their accreditation as well as related acts or omissions for an amount of not less than $10 million for any one occurrence and unlimited in the aggregate; | Yes  No | | The public liability insurance required under this clause is to be maintained for the duration of the term of the RTM accreditation. | | | 1. Professional indemnity insurance covering the legal liability of the Applicant and the Applicant’s Personnel, arising out of any act, negligence, error or omission made or done by or on behalf of the applicant, or otherwise arising out of services provided in relation to the Applicant’s accreditation for a sum of $5 million for any one claim, and $5 million in the aggregate for any one period of insurance. | Yes  No | | The professional indemnity insurance required under this clause is to be maintained for the duration of the Roadworks Traffic Manager’s accreditation and for a period of six (6) years after termination of the accreditation. | |   (1) *Where the employer’s insurance documentation is provided, the Roadworks Traffic Manager’s accreditation shall become null and void when used outside that employment.*  (2) *Existing RTM’s must provide evidence of meeting the above insurance requirements as a condition of renewal of their RTM accreditation.* | | | | | | | | | | | | | | | | | |
| I |  | | | | | | hereby apply for accreditation as a Roadworks Traffic | | | | | | | | | | |
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| Manager and certify that all information provided in this application is true and correct. | | | | | | | | | | | | | | | | | |
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|  | | Signature of applicant | | | | | | | |  | Date | | | | | |  |