



September 2016
Various dates

## **Elevated work platform**

Licence to operate a boom-type elevating work platform (boom length greater than 11 metres or more)

(Registered Training Organisation Nara Training & Assessing 4518 will be the RTO issuing this qualification)

This nationally accredited course is based upon the National Standard for Licensing Persons Performing High Risk Work.

Participants will undergo training in:

- Current legislation and requirements
- Hazard identifications & risk management
- · Conducting routine checks, setting up, operating, shutting down and securing EWP
- Correctly accessing, installing and using fall protection equipment

## On day of course:-

- · Please bring photo ID
- Wear appropriate protective clothing & footwear, no thongs/singlets.
- You must be a minimum of 18 years of age.

Upon successful completion of the course, you will be issued with a Statement of Attainment for TLILIC2005A Licence to operate a boom-type elevating work platform (boom length greater than 11 metres or more).

Notice of Assessment (interim licence)



**DATE:** 5-6, 14-15, 21-22, 29-30 September, 2016

**TIME:** 8.00am - 4.00pm

**TRAINER:** Nara Training & Assessing

**VENUE:** Nara Training & Assessing, 26 Clifford Street, Bunbury

COST: Course Fee Total

 MBA Member eligible for CTF subsidy
 \$360.00 - \$320.00^
 \$40.00\*

 Non-member eligible for CTF subsidy
 \$400.00 - \$320.00^
 \$80.00\*

 MBA Member
 \$360.00
 \$360.00\*

 Non-member
 \$400.00
 \$400.00\*

PLEASE NOTE: An additional fee of \$90.00 per person is also required for your WorkSafe Licence.

If you require further assistance, please contact us on 9726 0939 or email southwest@mbawa.com



The Construction Training Fund provides funding support for training of eligible workers in the construction industry. We acknowledge the support of the Construction Training Fund in reducing costs of training for eligible workers.







## **ELEVATED WORK PLATFORM - TLILIC2005A**

September, 2016 8.00am – 4.00pm

<u>Please Note</u> : This course participants details to be pr	ovided as ind	licated below	ı otherwise tl	e full fee v					ster Banders requires
Dates (please tick:		5-6 Sept		5 Sept		21-22 Se	ept	29-30	Sept
PARTICIPANT DETAIL	LS:								
Surname: First name:									
Date of birth: Unique Student Identifier (USI):									
Mobile: Email:									
Home address:									
Suburb: Postcode:								de:	
Job/Trade title:									
Job description (brief detail):									
EMPLOYER/COMPANY DETAILS:									
Master Builders mem	Master Builders member name:							Member no:	
Employer/company name:									
Builders Registration number: (if applicable)									
Address:						Subur	ırb:		
Suburb:					Postcode:				
Contact name:				Email	:				
Phone:	Fax:			Mobile:					
Please <u>tick</u> the industry sector in which you work Commercial □ Housing □ Engineering □									
Please tick the indust	ry sector	in which y	you work	Co	omme	ercial 🗆	Ηοι	using □	Engineering □
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