



CFMEU COURSES APPLICATION FORM (wait list)

Application Date:	/ /
Last Name:	
First Name:	
Date of Birth:	/ /
Address:	
	Post Code:
Home Phone:	
Mobile:	
Applicant's Incolink No.:	
Union:	Union No:

Employer:	
Employer's Address	
	Post Code:
Work Phone:	
Fax:	
Employer's Incolink No.:	
Current Work Site Address:	
	Post code:

Please tick ✓ the course/s you wish to apply for

OCCUPATIONAL HEALTH AND SAFETY
<input type="checkbox"/> Health and safety reps 5-day course <input type="checkbox"/> Health and safety reps refresher <input type="checkbox"/> *Certificate III in OHS (5-day course recommended as pre-requisite) <input type="checkbox"/> *Certificate IV in OHS (5-day course recommended as pre-requisite) <input type="checkbox"/> *Diploma of OHS (certificate IV recommended as pre-requisite)
UNITS IN CONSTRUCTION
<input type="checkbox"/> Reading construction drawings <input type="checkbox"/> Asbestos removal <input type="checkbox"/> Asbestos removal refresher <input type="checkbox"/> Asbestos supervisors (please complete section overleaf) <input type="checkbox"/> Safe access to asbestos removal areas <input type="checkbox"/> Traffic control <input type="checkbox"/> Traffic control refresher <input type="checkbox"/> Traffic management plans (pre-requisite Traffic Control) <input type="checkbox"/> Laser safety <input type="checkbox"/> Work safely at heights <input type="checkbox"/> Limited height scaffolding <input type="checkbox"/> Use explosive power tools <input type="checkbox"/> Set out <input type="checkbox"/> Refractory bricklaying <input type="checkbox"/> Introduction to computers
SHORT COURSES
<input type="checkbox"/> Delegates (Shop Stewards) (pre-requisite: nominated delegate) <input type="checkbox"/> Safe working in confined spaces <input type="checkbox"/> Spotters (please complete section overleaf)

LICENCES FOR HIGH RISK WORK
<input type="checkbox"/> Scaffolding – basic <input type="checkbox"/> Scaffolding – intermediate <input type="checkbox"/> Scaffolding – advanced <input type="checkbox"/> Forklift <input type="checkbox"/> Elevated work platforms <input type="checkbox"/> Dogging <input type="checkbox"/> Rigging– basic (pre-requisite dogging) <input type="checkbox"/> Rigging– intermediate <input type="checkbox"/> Hoist <input type="checkbox"/> Non-slewing crane (pre-requisite: forklift licence) <input type="checkbox"/> Tower crane
FIRST AID
<input type="checkbox"/> Occupational first aid (OFA) <input type="checkbox"/> Occupational first aid refresher <input type="checkbox"/> CPR update <input type="checkbox"/> Advanced occupational first aid (pre-requisite: OFA) <input type="checkbox"/> Advanced occupational first aid refresher <input type="checkbox"/> Advanced occupational resuscitation update
TRAINING AND ASSESSMENT
<input type="checkbox"/> *Certificate IV in training and assessment <input type="checkbox"/> *Diploma in training and assessment
AWARENESS RAISING COURSES
<input type="checkbox"/> Asbestos Awareness <input type="checkbox"/> Confined spaces awareness
<i>* You must attend an interview before starting these courses.</i>



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Complete details below if you are applying for spotters or asbestos supervisor's training

SPOTTERS: ✓ **TICK WHICH CERTIFICATES YOU HAVE:** (please provide copies of your certificates for enrolment)

DOGGING	<input type="checkbox"/>	CERT NUMBER: _____
CRANE	<input type="checkbox"/>	CERT NUMBER: _____
EWP	<input type="checkbox"/>	CERT NUMBER: _____
OTHER specify)	<input type="checkbox"/>	CERT NUMBER: _____
FIRST AID	<input type="checkbox"/>	CERT NUMBER: _____

		FIRST AID TRAINING PROVIDER: _____

		LEVEL: _____ EXPIRY DATE: _____
CPR UPDATE	<input type="checkbox"/>	DATE OF LAST UPDATE: _____

ASBESTOS SUPERVISORS:

Which asbestos removal course have you completed? _____

Name of provider: _____

Certificate number: _____

Have you completed an OH&S course? _____

NB: if you wish to enrol in *Work safely in the construction industry (red/white card)*, you will need to fill out another form.

**Please return this form to:
CFMEU Education & Training Unit,
Level 2, 500 Swanston Street,
Carlton South 3053
Tel: (03) 9341-3444
Fax: (03) 9341-3427**

Course date will be confirmed by mail.