



Government of Western Australia
 Department of Commerce
 Energy Safety

303 Sevenoaks Street Cannington WA 6107
 PO Box 135 Cannington WA 6987
 Telephone: (08) 9422 5282
 Facsimile: (08) 9422 5222
 Email: energylicensing@commerce.wa.gov.au
 Internet: www.energysafety.wa.gov.au

Licensing Office Hours
 8:30am to 5:00pm Mon to Fri

Apprentice Safety Assessment Report

Please print neatly in BLOCK LETTERS with a black or blue pen only

Employer's/Group Training Scheme Declaration

I _____, Position _____, Licence No. EW _____ of
 (full name of employer/group training scheme/
 registered training organisation representative)

 (employer business name/ group training scheme name/RTO)

 (trading name)

 (business address)

Telephone No _____

EC/IH Licence No. _____ (if applicable)

hereby confirm that:

_____ of
 (full name of apprentice)

 (apprentice's address)

has been instructed, interviewed and assessed in accordance with the *Apprentice Safety Assessment Guidelines*.

I consider that _____ has a satisfactory knowledge and understanding of the
 (full name of apprentice)
 material provided in the *Apprentice Safety Assessment Guidelines* and is aware that he/she is obliged to apply them in the workplace.

 (signature of employer/group training scheme representative/RTO representative)

 (date)

Apprentice's Declaration

I _____ confirm that I have been given a copy of the
 (print apprentice name)

Apprentice Safety Assessment Guidelines and that I was assessed as shown above. I understand the requirements of the Guidelines. I am aware of my obligations to apply safe working practices in the work place.

 (signature of apprentice)

 (date)

 (signature of Parent [or Guardian if apprentice is under 18 years old])

 (date)

Submission of Completed Assessment Report

Once this "Apprentice Safety Assessment Report" is completed, please forward it to:

**The Executive Officer
 Electrical Licensing Board
 303 Sevenoaks Street
 Cannington WA 6107**