

This form is to be completed by candidates for examination and certification in their designated Rope Access Level.

INFORMATION TO BE PROVIDED BY CANDIDATE (complete parts 1 to 10 inclusive)

PART 1. CANDIDATE'S PERSONAL DETAILS

Candidate Name:	
Surname:	
Date of Birth:	Day / Month / Year
Gender:	
Candidate's usual residence, including postal code:	
Address, including postal code, to which the certificate, when issued, is to be sent.	
By ticking (✓) this box I authorize the issuing agency to send the certificate to the above address:	<input type="checkbox"/>
Telephone number:	
E-mail address:	
Passport or other Identity proof details:	
Any Medical Disability which requires our attention during examination	

PART 2. CURRENT EMPLOYMENT DETAILS

Employer's name and address (including postal code):	
Employer's Telephone:	
Employer's e-mail:	
Candidate's position in the organisation:	
Employment status (employed or self-employed):	
Details of the sponsor (if any):	



EXAMINATION AND CERTIFICATION APPLICATION FORM

PART 3. PRE-CERTIFICATION EXPERIENCE

Experience is an essential pre-requisite for level 2 and level 3 examinations. And the rope access log book shall be provided direct to the CB at the time of examination.

Name of the scheme and Certification number	
Current Level	<input type="checkbox"/> <i>Level 1</i> <input type="checkbox"/> <i>Level 2</i> <input type="checkbox"/> <i>Level 3</i> <input type="checkbox"/> <i>NA</i>
Expiry Date	Day / Month / Year
Total log hours at current level (Experience)	

PART 4. PRE-CERTIFICATION TRAINING

Attach evidence of satisfactory completion of an approved training course or provide the following details for training:

Name and address of training organisation and title/reference of relevant training course:	
Dates of course (from/to):	

PART 5. EXAMINATION APPLIED FOR (check exam availability with the ATP)

Level applying for	<input type="checkbox"/> <i>Level 1</i> <input type="checkbox"/> <i>Level 2</i> <input type="checkbox"/> <i>Level 3</i>
Type	<input type="checkbox"/> <i>New</i> <input type="checkbox"/> <i>Upgrade</i> <input type="checkbox"/> <i>Renewal</i>

PART 6. RECORD OF PRE-CERTIFICATION EMPLOYMENT

Employing organization	Date from/to	Telephone number or e-mail address



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PART 7. PAYMENT (complete applicable sections only)

Name and address for invoice (if different from candidate's), including telephone number and e-mail address:

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PART 8. CANDIDATE'S STATEMENT CONFIRMING ELIGIBILITY FOR EXAMINATION

Candidate's full name:

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I have read and understand IRACS 001 particularly the criteria for eligibility, and hereby confirm that I satisfy those criteria applicable to the level for which I am seeking certification. In the event that I am awarded certification, I agree to comply with the Code of Ethics (F-28). I also understand that, in the event of release confidential examination materials or participate in fraudulent test-taking practices, false statement being made in this application, any certification awarded as a result of success in the examination will be null and void.

I understand that the CB will hold and may use personal data supplied by me for administration purposes. The data may also be used to send separate unsolicited mailings* containing details of events, new services, products etc.

Signature:

Date:

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*You have the right to ask the CB not to send such mailings. If you do not wish to receive this information, please tick this box []. You also have the right of access to personal data that we hold about you, on payment of an access fee.

PART 9. FOR IRACS USE ONLY

Application Reviewed for compliance with Eligibility Criteria			
Application approved :		Application rejected with reason for rejection	
Candidate meeting the eligibility for examination	Have candidate met the minimum age:		
	Medical Self Declaration Submitted by the candidate:		
	Experience Requirements of IRACS fulfilled:		
	Training details meeting the IRACS requirements:		
Examination Result:	Theory		QA No
	Practical		
Decision for awarding the certificate			
Date of Review:	Signature:		
Reviewed By:	ICN:		