

## Verification of Workers Competency

**NOTE:** \* Denotes fields that must be completed  
Please attach a photocopy of white card and relevant certificates, licences or proof of training.  
Attach extra sheets to include more information if necessary.

### PART A: WORKERS DETAILS

A1. \*Name: \_\_\_\_\_ A2. \*Trade: \_\_\_\_\_

A3. \*Employer (Company): \_\_\_\_\_

A4. \*White/Blue Card No. \_\_\_\_\_ A5. High Risk Work Licence No: \_\_\_\_\_

A6. High Risk Work Licence codes: \_\_\_\_\_

### PART B: WORK PERFORMED ON SITE

B1. \*Describe work to be performed on site  
(including trade services):  
\_\_\_\_\_

B2. Plant to be operated: \_\_\_\_\_

B3. Power tools used: \_\_\_\_\_

B4. High Risk Work Licence duties: \_\_\_\_\_

B5. List other duties to be performed (including work at heights):  
\_\_\_\_\_

B6. \*Qualifications or training received relevant to B1 - B5 (incl trade cert):  
\_\_\_\_\_

B7. \*Experience performing work (in time): \_\_\_\_\_

### PART C: VERIFICATION OF COMPETENCY (employer/third party to complete)

C1. \*Person verifying competency (name): \_\_\_\_\_

C2. \*Person verifying details: (employer/ experience/expertise to perform assessment) \_\_\_\_\_

C3. \*Have you viewed the worker perform tasks listed B1 to B5: \_\_\_\_\_

C4. \*Over what time period have you viewed this: \_\_\_\_\_

C5. \*Do you believe that the worker is competent to perform the tasks required: \_\_\_\_\_

\*Sign: \_\_\_\_\_ \*Date: \_\_\_\_\_