# TLILIC0010 Licence to Operate a Slewing Mobile Crane (up to 20 tonnes)

Training Provided by Southern Training Organisation RTO # 91378

The Slewing Mobile Crane Training Course is designed to provide participants with the ability to operate a slewing mobile crane (up to 20 tonnes capacity) safely and equip them with the knowledge and confidence to apply for a High Risk Work Licence Class C2. The course consists of theory and practical training and requires participants to complete reading tasks, written assessments and calculations. This course is for students who reside in the ACT or can satisfy the ACT regulator that circumstances exist that justify a residential waiver for issuing a HRWL.

DURATION: 5 x 8 hours
 TIME: 8.00am - 4.00pm over 5 days (evening courses may be arranged)
 VENUE: Master Builders Skills Centre, 1 Iron Knob Street, Fyshwick, 2609
 COST: \$860\* (member after rebate) \$1950\* (member)
 \$910\* (non-member after rebate) \$2000\* (non-member)
 \*This does not include the cost of the card issued by the regulator

*Up to 70% of the course cost may be refundable to eligible applicants through the ACT Building and Construction Industry Training Fund (TFA). For eligible learners, the TFA rebate is factored into the pricing structure.* 

# **COURSE REQUIREMENTS:**

- Participants must provide 100 points of identification and be a minimum of 18 years of age
- Participants must wear steel capped, safety footwear during training and assessment
- English language skills sufficient to understand both written and verbal instruction
- Basic numeracy skills
- Language, Literacy and Numeracy (LLN) assessment (attached) to be completed prior to confirmation of your enrolment

## CONTENT:

- Compliance wtih WHS licensing legislation
- Communicate and work safely with others in the work area
- Identify hazards associated with the operation of the crane and put in place effective hazard controls for those hazards identified
- Conduct pre-start-up, operational, shut down and secure checks of the crane according to procedures
- Operate the crane and move loads safely, including driving and maneuvering, picking up and placing of loads

## **PRE-REQUISITES:**

CPCCLDG3001A Licence to perform Dogging

## **CERTIFICATION:**

On successful completion of this course, participants will be issued with a Statement of Attainment for TLILIC0010 Licence to operate a slewing mobile crane (up to 20 tonnes).

## **FURTHER ENQUIRIES:**

Trisha Moore Ph: (02) 6175 5977 Email: training@mba.org.au

## LICENCE APPLICATION

Successful participants are required to lodge an application for a High Risk Work Licence with Access Canberra within 60 days from the issue date of the Statement of Attainment.

## **REGISTRATION:**

Email this form 14 days prior to the course Email: training@mba.org.au



For training dates please refer to our training calendar on our website www.mba.org.au or contact us on 6175 5977 Additional courses may be scheduled for group bookings.



All MBAGT Polices are available on our website @ mba.org.au

# **High Risk Enrolment Form**



## Name of course:

Date of course:

# **UNIQUE STUDENT IDENTIFIER (USI)**

From 1 January 2015, we MBA Group Training Limited can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). To check if you already have a USI, use the 'Forgotten USI' link on the USI website at https://www.usi.gov.au/faws/i-have-forgottenmy-usi/. For further details please see our USI Policy at https://www.mba.org.au/training/policies-and-procedures/. Please enter your Unique Student Identifier (USI) in the space below.

## **USI NUMBER:**

## **PERSONAL DETAILS**

Note: Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want MBA Group Training Limited to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose.

Family Name:			
Given Name:	Other Name:		
Gender (please tick) : Fem	ale Male Other		
DOB:	Email:		
Mobile No:	Home No:		
Note: Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. We are required to include this information in the data we submit to meet our RTO obligations.			
Building/Property Name:	Flat/Unit No:		
Street or Lot No:	Street Name:		
Street or Lot No: Suburb:	Street Name: State/ Territory:		
Suburb:	State/ Territory: Note: If your postal address is the same as your resident		
Suburb:	State/ Territory: Note: If your postal address is the same as your resident move onto Employment Information.	al address listed above, please	
Suburb: Postcode:	State/ Territory: Note: If your postal address is the same as your resident move onto Employment Information. POSTAL ADDRESS	al address listed above, please	

**CONTINUED ON NEXT PAGE** 

## **EMPLOYMENT INFORMATION**

Of the following categories which **BEST** describes your current employment status? (tick one box only) \*For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

nours of more per week, of pure-time employed (less than 55 hours per week).			
Full time employee	Part time employee	Not employed - not seeking employ	/ment
Self-employed - not employi	ng others Self-employ	ved - employing others	
Employed - upaid worker in	family business	mployeed - seeking full time work	
Unemployeed - seeking part	time work		
EMPLOYER DETAILS			
Employer Name:			
Employer Email:		PO No:	
Attendees position/occupation	with Employer:		
Employer Contact No:		ABN/ACN:	
Employer Address:			
Suburb:	State/ Territory:	Postcode:	
Suburb: CULTURAL DIVERSITY	State/ Territory:	Postcode:	
		Postcode: Other, please specify:	
CULTURAL DIVERSITY In which country were you born	n? Australia Strait Islander origin? (For p		
CULTURAL DIVERSITY In which country were you born Are you of Aboriginal or Torres	n? Australia Strait Islander origin? (For pres.)	Other, please specify:	
CULTURAL DIVERSITY In which country were you born Are you of Aboriginal or Torres Islander origin, mark both 'Yes' box No Yes, Aborigina	n? Australia Strait Islander origin? (For pres.)	Other, please specify: ersons of both Aboriginal and Torres Strait	
CULTURAL DIVERSITY In which country were you born Are you of Aboriginal or Torres Islander origin, mark both 'Yes' box	n? Australia Strait Islander origin? (For pres.)	Other, please specify: ersons of both Aboriginal and Torres Strait	
CULTURAL DIVERSITY In which country were you born Are you of Aboriginal or Torres Islander origin, mark both 'Yes' box INO Yes, Aborigina DISABILITY If you consider yourself to have a disability	n? Australia  Strait Islander origin? (For pres.)  Al Yes, Torres  y, impairment or long-term condition ease refer to the disability supplement	Other, please specify: ersons of both Aboriginal and Torres Strait	
CULTURAL DIVERSITY In which country were you born Are you of Aboriginal or Torres Islander origin, mark both 'Yes' box No Yes, Aborigina DISABILITY If you consider yourself to have a disabilit (You may indicate more than one area, pl	n? Australia   Strait Islander origin? (For pres.) al Yes, Torres y, impairment or long-term condition ease refer to the disability supplement raining/policies-and-procedures/ )	Other, please specify: ersons of both Aboriginal and Torres Strait Strait Islander	

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STUDY REASON		
To try for a different career	It was a requirement of my job	PD/Self-development
I want extra skills for my job	To get a better job or promotion	Other
For another course of study	For community/voluntary work	To get a job
To develop my existing buisnes	ss To start my own business	

# PRIVACY STATEMENT AND STUDENT DECLARATION

I declare that the information I have provided to the best of my knowledge is true and correct. I understand that my RTO is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- Employer if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- School if I am a secondary student undertaking
- VET, including a school-based apprenticeship or traineeship.
- Researchers

Disability Supplement

Date:

Date:

Organisations conducting student surveys.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. Please note you may opt out of the survey at the time of being contacted.

All elements of enrolment, payment and training delivered at MBA Group Training is conducted in accordance with the policy and procedures accessible at **www.mba.org.au/training/policies-and-procedures/**. This includes, but is not limited to:

• USI Policy

- Transfer and Cancellation Policy
- USI Application through your RTO Enrolment Policy
- nent Policy Privacy Policy
- Complaints and Appeals Policy
   Assessment Policy
- PPE Policy

# Student Signature:

# \*Parent/Guardian Signature:

\*Parental/guardian consent is required for all students under the age of 18. NCVER will use, secure, disclose, and retain your data in accordance with the VET Data Protocol and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

# **PAYMENT DETAILS**

Person/Company responsible for payment of course:

Payee Email Address	
Payment Method:	Credit Card Invoice (will be sent to payee email address listed above)
,	ils collected by MBA Group Training will be stored securely until payment has been d enrolment/s. After payment, credit card details will be destroyed.
Cardholder name:	
Card No:	
Expiry Date:	Payee Signature:

## LANGUAGE, LITERACY AND NUMERACY (LLN)

MBA Group Training are required to demonstrate LLN needs have been identified and the appropriate support can and will be provided for all course participants prior to commencing training. You are required to complete this LLN assessment and attach to your registration form prior to confirmation of your enrolment can be provided.

## FAILURE TO COMPLETE THIS LLN WILL PREVENT MBA GT FROM ACCEPTING YOUR ENROLMENT.

# QUESTION 1: Read the following statements and calculate the total amounts for 1a and 1b below.

1a: A box holds 15 lettuces. At the end of the day the farm crew had filled 86 boxes. How many lettuces is that in total?

1b: Diesel costs \$1.86 per litre. The tractor's fuel tank is empty. When full it holds 1200 litres. How much money would it cost to fill up the tractor with fuel?

QUESTION 2: The table below shows the average price of petrol per litre for the period July 2009 to June 2010. Read the information and then answer the questions that follow.

AVERAGE PETROL PRICING			
Month	Average price/litre		
August 2009	\$1.15		
September 2009	\$1.13		
October 2009	\$1.18		
November 2009	\$1.20		
December 2009	\$1.22		
January 2010	\$1.26		
February 2010	\$1.23		
March 2010	\$1.24		
April 2010	\$1.23		
May 2010	\$1.27		
June 2010	\$1.30		

2a: In which month was the petrol price the lowest?	
2b: In which two months was the price of petrol the same?	
2c: In which month was the price of petrol the highest?	

#### QUESTION 3: Using the following flyers, answer the below questions.



3a: What are the total hours that Café Relaxo is open in one full week?

3b: What are the total hours that Café Cino is open in one full week?

QUESTION 4: Using the information presented in the emergency notice below, answer all questions on the following page.

## IN AN EMERGENCY TELEPHONE

Fire Brigade	000
Police	000
Ambulance	000

#### EVACUATION PROCEDURES

IF IN IMMEDIATE DANGER, or on hearing the evacuation alarm, or on being instructed to evacuate:

 If safe to do so secure your office and evacuate the building via the nearest exit and proceed in single file in an orderly manner to the assembly area.

#### DO NOT USE LIFTS

- Do not re-enter the building unless advised to do so by an authorised person.
- NOTE: OUTSIDE NORMAL WORKING HOURS EVACUATE ON SOUNDING OF ALERT ALARM

#### WHEN YOU DIAL THE EMERGENCY NUMBER

- 1. State your location
- Give your name, phone number and any other information requested by the operator

#### BOMB THREAT PROCEDURES

- 1. Stay calm.
- Record exact wording of threat.
- Keep the caller talking. Try to obtain as much information as possible using the bomb threat checklist.
- 4. Report call to: CHIEF WARDEN,YOUR MANAGEMENT and POLICE on 000.
- Record details of callers voice and background noise.
- Wait for instructions form authorised people.
- 7. DO NOT HANG UP PHONE AFTER CALLER HAS FINISHED

Quick REACTION ©

#### IF YOU HEAR THE FOLLOWING ALARMS:

ALERT ALARM

📢 beep beep

Action: All wardens to respond, Staff to check immediate area for signs of Danger and stand by. (Outside of normal working hours, immediately evacuate on sounding of the Alert Alarm.)

#### EVACUATION ALARM

Action: All Staff evacuate via the nearest exit and proceed tot he assembly area

## KNOW YOUR EXITS



FOR YOUR SAFETY MAKE SURE YOU KNOW THE LOCATION OF THE NEAREST EMERGENCY EXIT

4a: For your own safety, what important piece of information should you know?	
4b. Where might you expect to see this Emergency Procedures notice?	
4c. If you hear the evacuation alarm – whoop whoop – what do you do?	
4d. Can you use the lift in an evacuation?	
4e. If you received a bomb threat phone call, what information should you try to record?	
4f. In this notice you are given the following advice about a bomb threat phone call – Do not hang up after caller has finished. Why do you think you are given this advice?	
4g. What is the name of the company that produced this notice?	

# LLN STUDENT DECLARATION

By signing the below, you are agreeing that the above questions were completed without assistance from any other person or device.

Student Signature:

Date:





## **ENROLMENT SURVEY**

MASTER BUILDERS GROUP TRAINING RTO NO. 88163 ABN 62130865253

This information will be used to contribute to our analysis of completed training and allow our team to continue delivering training to meet industry needs.

IS THE STUDENT A NEW ENTRANT TO THE ACT CONSTRUCTION INDUSTRY?		IS THE STUDENT OBTAINING A NEW SKILL BECAUSE OF A SPECIFIC PROJECT THEY ARE WORKING ON?	
Yes No	o	Yes	No
IS THE STUDENT RELOCATING FRO OUTSIDE OF THE ACT TO THE ACT WORK?		IS THE EMPLOYE MBA?	ER A MEMBER WITH THE
Yes No	,	Yes	No
HOW DID YOU HEAR ABOUT US?			
Another MBA Member	Retur	ning Client	MBA Website
MBAGT Staff Member	Exisiti	ng Client	Word of Mouth
Social Media			

For further information about the rage of MBA's services and training courses please refer to our website www.mba.org.au or contact us on 6175 5900