RIIHAN301E Operate Elevating Work Platform (up to 11m) Elevated Work Platform Operators Card

The aim of this course is to provide participants with information, tuition and activities that will enable students to operate Scissor and Boom type lifts.

DURATION: 8 hours
TIME: 8.00am - 4.00pm
VENUE: Master Builders Skills Centre, 1 Iron Knob Street, Fyshwick ACT 2609
COST: *$325 (member after rebate) $545 (member)
*$345 (non-member after rebate) $565 (non-member)

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:
- 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:
- Hazard identification, risk assessment and controls Inspect, fit and use fall arrest harness
- Identify safe operating parameters
- Operation of EWP
- Pre and post operational checks
- Emergency procedures

CERTIFICATION:
On successful completion of the course, participants will be issued with a Statement of Attainment for RIIHAN301E Operate elevating work platform.

FURTHER ENQUIRIES:
Training team Ph: (02) 6175 5900
Email: training@mba.org.au

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

MASTER BUILDERS
GROUP TRAINING
RTO NO. 88163
ABN 62130865253

For training dates please refer to our training calendar on our website www.mba.org.au or contact us on 6175 5900 Additional courses may be scheduled for group bookings.

STO
SOUTHERN TRAINING ORGANISATION

Short Course 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-forgotten-my-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)* :   ☐ Female   ☐ 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:**

Suburb: **State/ Territory:**

Postcode: *Note: If your postal address is the same as your residential address listed above, please move onto* ***Employment Information.***

POSTAL ADDRESS

Building/Property Name: **Street or Lot No:**

Street Name:

Suburb: **State/ Territory:**   **Postcode:**

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).

☐ Full time employee   ☐ Part time employee   ☐ Not employed - not seeking employment

☐ Self-employed - not employing others   ☐ Self-employed - employing others

☐ Employed - upaid worker in family business   ☐ Unemployeed - 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:**

CULTURAL DIVERSITY

In which country were you born?   ☐ Australia   ☐ Other, please specify:

Are you of Aboriginal or Torres Strait Islander origin? *(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)*

☐ No   ☐ Yes, Aboriginal   ☐ Yes, Torres Strait Islander

DISABILITY

If you consider yourself to have a disability, impairment or long-term condition, please select the area(s) in the following list:
(You may indicate more than one area, please refer to the disability supplement for an explanation of the following disabilities,
available at **https://www.mba.org.au/training/policies-and-procedures/** *)*

☐ Hearing/Deaf   ☐ Physical   ☐ Intellectual   ☐ Vision   ☐ Learning

☐ Mental illness   ☐ Acquired brain impairment   ☐ Medical condition   ☐ Other

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 buisness
- [ ] 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.
- NCVER.
- Organisations conducting student surveys.
- Researchers

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

Student Signature: **Date:**

*Parent/Guardian Signature: **Date:**

*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)*

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*Any credit card details collected by MBA Group Training will be stored securely until payment has been made for the specified enrolment/s. After payment, credit card details will be destroyed.

Cardholder name:

Card No:

Expiry Date: **Payee Signature:**

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 statement and answer questions 1a and 1b below.

Michael enrolled to complete a short course in Traffic Control. The course includes both practical and theory assessment. Michael identified he best learns using practical skills.

1a: What type of assessment is in the traffic control course?	
1b: How does Michael best learn?	

## QUESTION 2: Select the correct words to be used in the sentence below.

The little **read red reed** headed boy sat on the mat whilst he **red read reed** his book. His mother asked him to help her by **feeding feding feading** the dog. The little boy did a **grate great greet** job.

QUESTION 3: Using the text message image below, answer the following questions.

3a: Who is the message from?	
3b: Who is the message to?	
3c: What time is the party?	
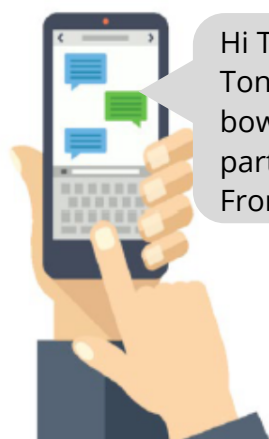
Hi Tim. Happy Birthday! I'm at Tony's now but I'll see you at the bowling alley at 7pm for your party.
From Sandy.

QUESTION 4: Using the time sheet below answer the following questions.

4a: What is John's total pay for the week?

4b: How many hours did John work on Thursday?

4c: What was the date on Sunday?

Employee Name: John Doe					Hourly Rate: $20.00
Date	**Day**	**Start**	**Finish**	**Breaks**	**Total Hours**
15/8	Monday	10:00	13:00		3.00
16/8	Tuesday	10:00	15:00		5.00
17/8	Wednesday	06:00	10:00		4.00
18/8	Thursday				
19/8	Friday				
20/8	Saturday				
21/8	Sunday				
				Total hours worked:	12.00
				Total Pay:	

QUESTION 5: Please answer the numeracy questions below.

5a: If you cut 7 apples in half, how many pieces of apple will you have?

5b: If you buy three 2 Litre bottles of soft drink, how many total Litres do you have?

5c: Trisha has 13 dogs, 2 cats and 3 fish. How many pets does she have all together?

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: