

Application for Driving Assessor Accreditation
for
Heavy Vehicle Competency Based Assessment
(HVCBA)



1 Personal details

Surname

Given names

Date of birth
 day month year

Address details

Home address

Have you lived at this address for
6 months or more?

Less than 6 months? Give previous address

Previous home address

3 Contact phone numbers

Home

Work

Mobile

4 Licence details

Drivers licence number Class

Expiry date

Have you held your driver's licence for 3 years continuously during the last 4 years

No

Yes

5 Driving instructor details

Instructor licence number Expiry date Type

6 Assessor type

What type of accreditation are you applying for

Light Rigid (LR)

Medium Rigid (MR)

Heavy Rigid (HR) (Tick the relevant box)

Heavy Combination (HC)

7 Current employment details

Employers name and address

Type of work How long employed When

8 Previous employment details

Employers name and address

Type of work How long employed When

9 Training

Training courses you have completed	Date completed
DEWA	-04
DRIVING INSTRUCTOR CERTIFICATE 4	-04
HVCBA ASSESSOR course	26/10 -04

10 References

The names and addresses of 2 persons are needed to give character references. These persons must have known you for at least 12 months and be the holder of a NSW silver or gold licence or a NSW issued heavy vehicle driver licence.

1st referee

Assessor Accreditation

10 References (cont)
2nd referee

11 Driver training organisations
Are you associated with any organisation that gives driver training?
Details of driving schools, franchises, etc.

ALL TACK Driving School

12 Character details
Have you ever been refused a licence or prohibited from driving a motor vehicle in NSW or elsewhere?
No Yes Give details. (Include all alcohol related driving offences)

Where	When

Reason

Where	When

Reason

Have you been convicted of any offence involving a motor vehicle in the last 10 years?

No Yes Give details. Include full name under which you were convicted

Are there any charges against you, or pending, for any offence involving a motor vehicle?

No Yes Give details. Include full name under which you were charged

13 Medical details
Do you have diabetes? No Yes Controlled by
Insulin
Oral medication (eg. tablets)
Diet

Have you ever had any type of Epilepsy? No Yes

Have you ever had attacks of giddiness, blackouts, fainting or other sudden periods of unconsciousness?

No Yes

Do you have any medical or mental disabilities which may affect your driving? No Yes What are they?

Do you have any physical disability that may affect your driving?

No Yes What are they?

Do you wear glasses or contact lenses?

No Glasses Contact Lenses

14 Finance
Are you or have you ever been:-

An undischarged bankrupt? Yes No
Declared insolvent Yes No

If yes to either of the above questions please give details

15 Declaration (please read carefully before signing)

I accept that submission of this application does not guarantee selection for accreditation.


I consent to disclosure, by the relevant authority, of information needed to verify any detail I have given in this application

I agree to submit a letter from the relevant person* stating my financial capacity to operate as a heavy vehicle accredited assessor.

* Accountant, bank manager, etc.

I declare that the information given in this application is correct. I understand that if any information is found to be false, I could be fined up to \$2000.00

Signature



Date

26/10/10
day month year