

Applicant details

Family name (please print)

Given name/s

Have your contact details changed?

Yes Complete Section 1

No Complete Section 2 or 3 (whichever is applicable)

Section 1 – Contact details

Current position/Title

Organisation/Company name

Address

.....

Telephone/Fax

Email address

Section 2 – Audit information

Date of audit (this is the date of site inspection or inception meeting, whichever is the latest)

Postcode

Stage of audit (please choose)

1

Name of audit team leader(s)

Further details (if insufficient space, attach details on a separate sheet)

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You are not required to provide a copy of the Road Safety Audit report at this time. However, please note that the Department of Transport and Main Roads may request a copy of this report at any time.

Road Safety Auditor Registration Maintenance Application

Section 3 – Refresher course

Successful completion of a road safety audit training course that is approved and recognised by a state road authority.

Please provide details below of the road safety audit training course that you successfully completed.

Course name

Course convener

Date of course

Course duration

Course venue

Did you obtain a course certificate?

- No You will need to attach another form of evidence to show that you successfully completed the course.
- Yes Please attach a copy of the certificate.

Information privacy

The department publishes a listing of current approved Road Safety Auditors (RSA) and contact details on its website. This listing is for the benefit of the public to ensure the auditors conducting road safety audits have current registration status and to assist organisations by providing contact details for qualified RSAs. Do you consent to the department publishing your name and contact details for this purpose?

Yes No

Certification I declare that the information provided on this application is complete, true and correct in every detail.

I understand that the failure to provide complete, true and correct information and particulars in this application may result in this application being refused.

I understand that audits performed by me must be carried out in accordance with the process contained in the *Austroads Guide to Road Safety Part 6: Road Safety Audit.*

Important note: For audits to be accepted on the departmental RSA database, as per the *RSA Policy Supporting Guidelines 2008 requirement*; 'at least one member of the audit team must be a 'current' registered Senior RSA'.

Signature of applicant

Date			
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Forward this application to:

Road Safety Audit Registration Coordinator Engineering and Technology Branch Department of Transport and Main Roads GPO Box 2595 BRISBANE QLD 4000

or

Email to: road_safety_audit@tmr.qld.gov.au