

# Road Safety Auditor/Senior Road Safety Auditor Registration Application

## Applicant details

Family name (please print)

Given name/s

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

  


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Current position/Title

Organisation/Company name

Address

  


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Postcode

Telephone/Fax

Email address

## What level of Road Safety Auditor (RSA) registration are you applying for?

- RSA  Complete Section 1
- Senior RSA  Complete Sections 1 and 2
- Currently registered RSA with the Department of Transport and Main Roads upgrading to Senior RSA  Complete Section 2

## Section 1 – RSA criteria

### Criterion A

A minimum of five years relevant experience in road design, traffic engineering, road safety engineering or other closely related road safety discipline.

Please attach your current curriculum vitae/resumé to this application, detailing your relevant experience.

Provide any further details below:

  


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## Criterion B

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 successfully complete the course?

No  You do not meet the criteria to be registered as a RSA.

Yes  Proceed to next question.

## 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.

## Section 2 – Senior RSA criteria

Only complete Section 2 if you are applying for Senior RSA Registration.

## Criterion C

Participation in at least five road safety audits, of which at least three must be design stage audits.

Please provide details below of five road safety audits that you have participated in, with at least three of these being design stage audits.

### Audit 1

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

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Stage of audit (please choose)

Name of audit team leader(s)

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

  


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**Audit 2**

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

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Stage of audit (please choose)

Name of audit team leader(s)

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

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**Audit 3**

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

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Stage of audit (please choose)

Name of audit team leader(s)

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

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**Audit 4**

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

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Stage of audit (please choose)

Name of audit team leader(s)

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

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**Audit 5**

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

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Stage of audit (please choose)

Name of audit team leader(s)

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

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**Information privacy**

The department publish a listing of current approved RSAs 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*.

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