



A separate form must be completed for each nomination.

1. BoatSafe Training Organisation (BTO) details (to be completed by the BTO)

Trading name

BTO authority number

Business address

Postcode

Family name

Given name/s

2. Nominated Person details (to be completed by the person being nominated)

Customer reference number

Attach photocopy of
licence

Family name (please print)

Given name/s

Town/City and Country of birth

Date of birth

Contact phone number

Email address

Residential address

Postcode

Postal address (if same as residential write 'as above')

Postcode

Tick the type of training and assessment to be provided: (☒ all relevant boxes)

Training and assessment for powered recreational ships ☐

Training and assessment for personal watercraft (PWC) ☐

Training and assessment locations

Theory training/assessment address

Practical training/assessment address

Marine licence details

(Minimum requirement is a Certificate of Competency as a Coxswain Grade 2NC). Attach photocopy of each licence, including all conditions and restrictions.

Type of commercial marine licence

Commercial marine licence number

Expiry date

Issue date

Place of issue

PWC licence number

Expiry date

 / /

Issue date

 / /

Place of issue

Training and assessment qualification details - attach photocopy of training qualificationCertificate IV in Training and Assessment TAE40116 ☐

Qualification name/code

Issuing authority

Issue date

 / /

Qualification name/code

Issuing authority

Issue date

 / / **Criminal History Check (CHC)**

Applicants must pay a fee at the time of application at their nearest TMR customer service centre, Queensland Government Agent Program (QGAP) office or Maritime Safety Queensland office who carry out the Police CHC on their behalf (a Police Certificate or national CHC supplied by the applicant is not acceptable). This is to ensure that only suitable persons are approved.

Fitness to perform the role

Do you have a medical condition that may prevent you from satisfactorily performing BoatSafe training and assessment activities?

No ☐Yes ☐ You are required to have your treating doctor complete the Medical Practitioner Certification section below**Medical Practitioner Certification**

A BTP provides verbal advice, practical demonstration and instruction to Recreational Marine Driver Licence and PWC Driver Licence candidates. This can be by driving/riding in a boat or personal watercraft. Therefore, medical certification is required to ensure that the nominated person has the medical, physical and mental capacity to perform the role.

I have examined the nominated person, having regard for the health and safety of the public generally, and state that the nominated person:

- is medically, physically and mentally an appropriate person to perform the role ☐

- is **not** medically, physically and mentally an appropriate person to perform the role ☐

Doctor's name (please print)

Address or stamp

Postcode

Telephone number

Doctor's signature

Date

Applicant's declaration

I,
(insert full name of applicant)

in making this application, consent to TMR verifying my EOI information and using my personal information, digital photo and digitised signature for the purposes associated with my application for a BTP.

I declare that I have read the above statement and that the answers given by me in this application are complete, true and correct in every detail.

I understand that any false, misleading or incorrect information provided by me may result in the immediate cancellation of my BTP authority.

I give my consent for TMR, its employees and agents, to conduct such enquiries as considered necessary to assess my application, including, but not necessarily limited to:

- a national criminal history check (charges including those yet to be determined, convictions and certain investigative and disciplinary information) through the Queensland Police Service
- a driving history check in all states and territories of Australia
- enquiries with the courts, police, prosecuting authorities or such other relevant bodies or entities to enable TMR to make a full and informed assessment of my suitability for endorsement as a BTP.

Consent to release of information

I consent to the release of that information by the Queensland Police Service and the Australian Police Services to TMR, its employees and agents. I understand that the release of my criminal history by those authorities is subject to relevant legislation.

Responsibilities as a BTP

I understand my responsibilities as a provider of training and assessment under the *Transport Operations (Marine Safety) Regulation 2016*.

I declare that I have read the above statement and the information provided in this application is complete, true and correct in every detail.

Applicant's signature

Date

Responsibilities as a BTO

I understand my responsibilities as a provider of training and assessment under the *Transport Operations (Marine Safety) Regulation 2016*.

I declare that I have read the above statement and the information provided in this application is complete, true and correct in every detail.

Applicant's signature

Date

Privacy statement: TMR is collecting the information on this form for the purpose of managing the BoatSafe scheme. This information is authorised or required by the Transport Operations (Marine Safety) Act. TMR or its agents usually gives some or all of this information to vessel insurers, statutory entities, lawyers, insolvency entities, persons involved in vessel accidents/incidents or vessel manufacturers or their employees or agents and to or through interstate authorities. Your personal details will not be disclosed to any other third party without your consent unless required or authorised by law.

Further information is available from the Department of Transport and Main Roads (TMR) website www.tmr.qld.gov.au.

Forward this application to:

BoatSafe Administrator
Maritime Safety Queensland
GPO Box 2595
BRISBANE QLD 4001

Email: boatsafe@msq.qld.gov.au

Office use only

Receiving officer

Amount

 \$

Date

Receipt number

 / /