

Re-Application HVCBA Clause 4.2(d) High Risk Variation

Important information

- This application form is for use by a Registered Training Organisation (RTO) applying on behalf of an approved Assessor who is unable to meet the requirements of the Separation of Training and Assessment (Clause 4.2d)
- Details that are missing or incorrect may result in delays or the application not being processed.
- When completed forward this application and all supporting documentation by email to hvtraining@transport.nsw.gov.au
 - Your application will be assessed in accordance with Transport for NSW Operating Procedures (available on the Transport for NSW website at <u>roads-maritime.transport.nsw.gov.au</u>)

| 1 Registered Training Organisation | Mobile nu | umber | | |
|---|--------------------------|--|-------------------------|---------------------------|
| Details of Provider Name | | | | |
| | NSW Dri | ver Instructor licence nur | mher In | structor licence class |
| | TOW BIT | ver matruotor nochoc har | | Structor nocrice diass |
| Trading as | Lauthori | se this application to b | L e made by | the RTO |
| Trading do | | e of Assessor | _ | ate |
| | Oignature | 3 01710000001 | | |
| ABN/ACN | | | | |
| | 1 | statement and declarate | | |
| Name of the CEO/Provider Representative or other authorised person completing the application | Heavy Vel | for NSW is collecting your p nicle Competency Based As for driver licensing, motor \ | ssessment a | pplication and may retain |
| Driver Instructor licence number State issued Licence class | | equired to provide your pe Legislation and we may r | | |
| | Transport | for NSW may disclose you | | |
| Business contact number | | and vehicle registration ag information you provide, | | |
| Dadinose contact number | anyone pr | compulsory third party (becoming to acquire an integrating to stolen or abandor | rest in your | vehicle and in respect of |
| Address | Otherwise | we will not disclose you nless authorised by law. | | |
| | Transport | for NSW is subject to th | | |
| Postcode | 2002. You Milsons P | Act 1998 and the Health or personal information will oint NSW 2061. You have | be held by the right to | us at 20-44 Ennis Ŕoad, |
| Postal address | | n if you believe that it is inc re that the information on t | | rue and complete. Under |
| | Road Trar the registr | nsport Legislation, it is an o ation of a vehicle by false s | ffence to atte | empt to register or renew |
| Postcode | | onest means. | D) (| |
| Email address | Reference | e number of previous HF | kv approva | I |
| | | | | |
| | Date of p | revious HRV approval | | |
| 2. Assessor | | | | |
| Name | 0 Disease | | 41 6-11 | |
| | 2. Pleas | se answer Yes or No to | | ring: |
| Address | 1a | Assessor previously he approved HRV as at the March 2021 | | Yes No |
| Postcode | 1b | Assessor is operating in regional or isolated area | | Yes No |
| Email address | 1c | 1c Assessor is a sole trais unable to collaborate other assessors Yes No | with | Yes No |
| | If you | have answered NO must submit a ful | | |

Please scan and email completed form to: hvtraining@transport.nsw.gov.au

| 2 | Are there any other Assessors aligned with your RTO that can be used to meet the requirements of the separation of training and assessment for this application? | Yes | □No | | |
|--|--|-----|-----|--|--|
| 3 | Has the reason why separation of Training and Assessment cannot occur with this assessor changed since the last HRV application? | Yes | □No | | |
| 4 | Have any of the actions completed to assist the Assessor with meeting the requirements of the separation of training and assessment changed since the last approved HRV application? | Yes | □No | | |
| 5 | Have any of the details listed in the procedural framework for the RTO provided in the last approved application changed? | Yes | □No | | |
| 6 | Has the nominated location (suburb or regional centre name) where the Assessor will be operating and unable to meet separation requirements changed since the last approved application? | Yes | □No | | |
| If you have answered YES to any of the questions 2 - 6 above, you must submit a full HRV application | | | | | |

| Transport for NSW office use of | only | |
|--------------------------------------|-----------|------|
| Re-Application completed | Yes | No |
| Objective reference number | | |
| | | |
| Date this form was received from the | e RTO | |
| Objective Reference of previous app | olication | |
| Date to be reviewed | | |
| RTO notified | Yes | ☐ No |
| Date RTO notified | | |
| Approving Officer Name | | |
| Position | | |
| Signature | | |
| Date | | |
| | | |