

APPLICATION FOR REGISTRATION AS A SENIOR ROAD SAFETY AUDITOR

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|----------------|--|---------------|-----------|
| Title | | Employer | |
| Surname | | Address | |
| Given Name/s | | | |
| Phone | | Mobile | |
| | | Suburb / City | |
| Business Email | | State | Post Code |
| Private Email | | | |

| RELEVANT EDUCATIONAL QUALIFICATIONS | | | |
|-------------------------------------|--|----------------|--|
| Qualification Title | | Discipline | |
| University or College | | Year Completed | |
| Other (please state) | | | |

| 5 YEARS RECENT EXPERIENCE IN CRASH INVESTIGATION OR ROAD SAFETY ENGINEERING and KNOWLEDGE OF CURRENT PRACTICE IN ROAD DESIGN AND TRAFFIC ENGINEERING PRINCIPLES | DATE FROM – DATE TO | VERIFIED <small>(to be signed by person verifying)</small> |
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| Person Verifying Experience | | Auditor Number (if applicable) |
| Company | | Position |
| Email | | Phone |
| Signature of Person Verifying Experience | | |

| MANDATORY ROAD SAFETY TRAINING | COMPLETED Y/N | CERTIFICATE DATE |
|--|---------------|------------------|
| IPWEA / Main Roads WA On-Line Road Safety Engineering Training | Yes No | |
| IPWEA / Main Roads WA On-Line Road Safety Audit Training | Yes No | |
| Other (please state) | | |

| ROAD SAFETY AUDIT TEAM MEMBERSHIP – MINIMUM 5 AUDITS REQUIRED | LEADER OR MEMBER | AUDIT STAGE | DATE |
|---|------------------|-------------|------|
| All Road Safety Audit Reports must be design stage audits (ie. feasibility, preliminary, detailed or pre-opening) completed within the last 2 years and registered on the Road Safety Audit Portal. One audit shall have been led under the guidance of a Mentor who is an accredited Senior Road Safety Auditor. | | | |
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As Road Safety Auditors we use our knowledge and skills for the benefit of the community to assist with delivering safer roads. In doing so, we strive to serve the community ahead of other personal or sectional interests. By making this application you agree to commit to practice in accordance with the [Road Safety Auditors Code of Conduct](#) and accept that you will be held accountable for your conduct under the [Complaints Procedure](#).

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|------------------------|--|------|--|
| Signature of Applicant | | Date | |
|------------------------|--|------|--|