



Sponsor Railway (Please Print):

Candidates Name (Please Print): Date of birth:

Candidates Address (Please Print):

Assessor's Name (Please Print):

Assessment conditions (Please Circle): INITIAL PERIODIC RE-ASSESSMENT

Assessment request (Please tick ✓)			
Steam Locomotive Driver		Diesel Locomotive Fireman	
Steam Shunt Driver		Railmotor Driver	
Steam Locomotive Fireman		Rail Safety Worker- Safeworking	
Diesel Locomotive Driver		Yard Shunter	
Diesel Shunt Driver		Bush Tramway Driver	

Please confirm what qualifications the candidate for assessment currently holds and date of issue:

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Supporting documentation:

The candidate must provide the following evidence to the assessor the following supporting documentation.

The sponsoring railway must ensure this documentation is presented at the time of this assessment of competence.

ATHRA Assessor to tick ✓ which documentation was presented at the time of this assessment of competence:

- Successfully completed Off Job Assessment administered by sponsor railway
- On Job Workbook including completion of the period of on job application
- Personal log book completed by individual
- Existing/current mainline qualifications (Please record in space below)
- Other (Please record in space below)

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Endorsement by sponsor railway

The sponsor railway requesting this assessment of competence confirms this application and is satisfied that the candidate has successfully completed all applicable pre-requisite off and on job training and has requested this assessment of competence to be administered.

Name of sponsor railway representative (Please Print):

Signature:

Position held at sponsor railway:

Date of application: / /