



Suitability Assessment

Applicant and Employer Details

Applicant Information	Organisation Information
Applicant's Full Name (As per Driver Licence):	Employer:
Applicant's Email Address:	Company Email:
Contact Number:	Company Contact Number:
Applicant's direct Supervisor – Name: Title:	Company address:
Applicant's Signature: Date:	Principal Contractor or Lead Contractor Endorsement (independent) <i>Safety Manager, Program manager of Principal contractor or Lead Contractor</i> Name: Title:
	Endorsement Signature: Date:

SUITABILITY ASSESSMENT (Applicant's Supervisor to complete)

The role of 'Receiving' an Access Authority is a safety critical leadership role with multiple high level responsibilities that must be performed by the Applicant.

By endorsing the suitability, the Supervisor is indicating the Applicant has the experience and ability to carry out all the responsibilities involved with the selected authorisation.

Suitability Assessment - Supporting Evidence

The Applicant has a certificate in ESI Transmission Lines (REQUIRED)

☒ Yes

☐ No (if 'No' the application will be rejected)

All questions are mandatory

Please select Yes or No to the below questions.

Yes

No

Does the Applicant ensure the safety of themselves and others?

☐☐

Does the Applicant provide warnings and demonstrations to others?

☐☐

Has the Applicant supervised others in a work party?

☐☐

Does the Applicant clearly communicate with others?

☐☐

Does the Applicant clearly communicate and convey information to a 'Controller' regarding actions performed on a work site?

☐☐

Any additional supporting evidence you wish to include:

Experience and Evidence The Applicant must be awarded a minimum of 60 points be deemed suitable	Max Points	Points Awarded by Supervisor
<p>All questions are mandatory</p> <p>Experience in an electrical transmission or distribution environment. Please Select:</p> <p>☐ 2-4 years – trade based (15 pts)</p> <p>☐ 4-10 years – trade based (30 pts)</p> <p>☐ 10+ years – trade based (45 pts)</p>	45	0
<p>Has the Applicant previously held this Transgrid authorisation in the last 5 years?</p> <p>☐ Yes (40 pts) ☐ No (0 pts)</p> <p>If 'Yes', what is the reason for the authorisation lapsing?</p>	40	0
<p>Does the Applicant hold an equivalent Authorisation with another Network Operator?</p> <p>OR ☐ Yes (40 pts) ☐ No (0 pts)</p> <p>Has the Applicant held an equivalent Authorisation with another Network Operator in the last 5 years?</p> <p>☐ Yes (20 pts) ☐ No (0 pts)</p> <p>If 'Yes', name of Network Operator: If 'Yes', authorisation held:</p>	40	0
<p>Reference from former manager/customer regarding suitability for the role (max 2 references, 10 points per reference). Attach reference to this form or add to supporting evidence section.</p> <p>☐ Non attached (0 pts) ☐ 1 attached (10 pts) ☐ 2 attached (20 pts)</p>	20	0
<p>I confirm the applicant has worked on at least 10 different Transgrid Access Authorities.</p> <p>☐ Yes (10 pts) ☐ No (0 pts)</p>	10	0
<p>Minimum requirement of 60 points to be deemed suitable. Do not apply for this role unless you have met this requirement.</p>		<p>Total</p> <p>0</p>

Supervisor Verification – by signing below I confirm that I am the above applicant's supervisor and the evidence supplied to support the suitability assessment criteria is accurate. The applicant has enough experience (minimum 60 points) to be eligible to receive the training.

Applicants Supervisor Position		
Name	Signature	Date