

APPLICATION FOR REGISTRATION AS A ROAD SAFETY AUDITOR

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)			

2 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>
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 2 AUDITS REQUIRED <small>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.</small>	MEMBER OR TRAINEE	AUDIT STAGE	DATE

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](#).

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