

**APPLICATION FOR REGISTRATION  
AS A SENIOR ROAD SAFETY AUDITOR**

**PERSONAL DETAILS**

Surname: _____	Sex: M F Title: Prof Dr Mr Mrs Ms
Given Names (in full): _____	Name of Employer: _____
Date of Birth: _____	Private Address: _____
Business Address: _____	Street: _____
Street: _____	City: _____ State: _____ Postcode: _____
City: _____ State: _____ Postcode: _____	City: _____ State: _____ Postcode: _____
Phone: _____ Mobile: _____	Phone: _____ Mobile: _____
Email: _____	Email: _____

**APPLICATION (Tick appropriate box)**

Senior Road Safety Auditor	
Senior Road Safety Auditor restricted to Traffic Management at Roadworks	

**EDUCATIONAL QUALIFICATIONS**

Qualification Title: _____	Discipline: _____
University or College: _____	Year Completed: _____
Other: _____	

**EXPERIENCE**

**APTITUDE FOR CRASH INVESTIGATION OR ROAD SAFETY ENGINEERING**

List of Road Design & Construction, Traffic Engineering, Traffic Management; Road Safety, Crash Investigation & Road Safety Engineering (Demonstrate 5 years experience)	Date

**TRAINING**

ROAD SAFETY AUDIT COURSE ATTENDED	DATE	DURATION

