## TCT - Pre-Requisite Checklist

Traffic Control Training

This form is to **must** be completed and attached to your Traffic Control Training Enrolment Form (form 5002)

### 1. Participant Details *(Please ensure you print clearly)*

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Given names</td>
<td></td>
</tr>
</tbody>
</table>

### 2. Course Details *(Select appropriate course and supply the required pre-requisite information)*

#### Traffic Controller *(Blue or Grey)*

- NSW Driver licence *(P2 or higher)*
  - Licence number

- Interstate/International Driver licence *(details must be listed)*
  - Licence number
  - State held

- NSW WorkCover Construction Induction Card
  - Card number

- Interstate Construction Induction Card *(must be from State Jurisdiction issuing body)*
  - Card number
  - Issuing State

**Trainer sighted and accepted**

- Trainer signature
  - Date
    - day / month / year

#### Apply Traffic Control Plans *(Yellow)*

- NSW WorkCover Construction Induction Card
  - Card number

- Interstate Construction Induction Card *(must be from State Jurisdiction issuing body)*
  - Card number
  - Issuing State

**Trainer sighted and accepted**

- Trainer signature
  - Date
    - day / month / year

#### Select / Modify TCPs *(Red)*

- Current Red Card *(details must be listed)*
  - Card number
  - Expiry date
    - day / month / year

**OR**

- 12 months experience Traffic Controlling, Applying or Roadwork and Traffic Management
  - Letter / Testamur attached
  - Statutory Declaration attached
  - Trainer Interview

**Trainer sighted and accepted**

- Trainer signature
  - Date
    - day / month / year

#### Design and Inspect TCPs *(Orange)*

- Current Red Card *(details must be listed)*
  - Card number
  - Expiry date
    - day / month / year

**AND**

- 12 months experience Selecting and Modifying TCP’s in the workplace
  - Letter / Testamur attached
  - Statutory Declaration attached
  - Trainer Interview

**Trainer sighted and accepted**

- Trainer signature
  - Date
    - day / month / year

### 3. Trainer Interview *(record all questions asked and all answers given - if more space is required use the rear of this form)*

- Trainer interview
  - Date
    - day / month / year
3. **Trainer Interview** (record all questions asked and all answers given)

[Blank lines]

Participant surname

Given names

Date

day  /  month  /  year

Trainer signature