

## Restricted Registration—Experience requirements

**THIS FORM IS A GUIDE FOR USE BY RTOs, ASSESSORS AND SUPERVISORS/EMPLOYERS**

*It can be submitted as evidence of cabling experience to a Registrar.*

Photocopy this page, add the name of the candidate and tick the criteria they have met.

**CANDIDATE NAME:** \_\_\_\_\_

In addition to completion of relevant competency requirements candidates require **on-the-job cabling experience** to progress to a Restricted Registration. The cabler must provide sufficient evidence to the registrar of the cabling experience.

**Sufficient experience can include ONE OR MORE of the following:**

> suitable recognised industry cabling practices (for example, qualified electrician, qualified Foxtel installer, qualified audio/video installers)

> a statutory declaration signed by the candidate in the presence of an authorised witness setting out the details of the candidates experience

> a detailed log book of cabling experience showing dates and types of work

> a signed statement by an employer or a registered cabler by whom the candidate has been directly supervised detailing the candidates experience.

The following criteria apply to determining cabling experience.

**Essential requirements—Candidates are required to have sufficient experience and must meet ALL THREE requirements (tick to indicate):**

- Experience comprises at least 80 hours of actual work on cabling tasks.
- Cabling experience was supervised by a registered or industry qualified cabler.
- Cabling work undertaken is covered by AS/CA S009:2013 or AS/NZS 3000:2007 (or their replacements).

**Other criteria/requirements—candidates should meet AT LEAST TWO of the following requirements (tick to indicate):**

- Creation and interpretation of cable plans.
- Assist in cable testing and fault rectification.
- Preparation of telecommunications cabling advice (TCA) reports for customers (TCA1 forms are mandatory, while TCA2 forms are advisory. Refer to the ACMA website).
- Interaction with customers.

REGISTERED CABLING SUPERVISOR (Please print): \_\_\_\_\_

REGISTERED CABLING SUPERVISOR (Signature): \_\_\_\_\_

SUPERVISORS CABLING REGISTRATION NUMBER: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

DATE: - \_\_\_/\_\_\_/\_\_\_