

Expert Witness Declaration Form

An expert witness is someone defined as subject matter expert (SME) with experience in the operation of certain plant and operations. An SME must be in a leadership position and/or qualified trainer or assessor. All information provided will be reviewed by ATC trainer/s or the director for verification. False or misleading information will void this declaration.

Please attach any supporting documentation of your Position or Training Qualification as well as any supporting documentation for the candidate.

This Statement may be used in the Recognition of Prior Learning (RPL) assessment by ATC.

Candidate Name:		
Passport/Identification Number:	Nationality:	
EXPERT witness name:		
EXPERT witness position:		
EXPERT witness email:		

Please give detailed description, using "points to consider" below for additional guidance when filling out the statement table overleaf.

Points to consider:-

- Crane make and model/s?
- Type of operations and/or lifts?
- Location of operations undertaken?
- Documentation such as Lift studies?
- Details of task?
- Is there tool box evidence?
- Was the task conducted under supervision?
- Involvement in risk management?
- Company Letter Head with logged hours



Expert Witness Statement			
I verify that the above candidate is able to carry out stage 3 offsho simple and complicated operations. I have filled out the statement			
simple and complicated operations. I have filled out the statement			
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simple and complicated operations. I have filled out the statement Signature of EXPERT witness (SME):	Date: Contact Phone Number:		
Signature of EXPERT witness (SME): Work Location and Position: AUSTRALASIAN TRANING COMPANY ADM	Date: Contact Phone Number: MISTRATION USE ONLY		
Signature of EXPERT witness (SME): Work Location and Position:	Date: Contact Phone Number:		
Signature of EXPERT witness (SME): Work Location and Position: AUSTRALASIAN TRANING COMPANY ADM Assessor's Name:	Date: Contact Phone Number: MISTRATION USE ONLY Qualification:		
Signature of EXPERT witness (SME): Work Location and Position: AUSTRALASIAN TRANING COMPANY ADM	Date: Contact Phone Number: MISTRATION USE ONLY Qualification:		
Signature of EXPERT witness (SME): Work Location and Position: AUSTRALASIAN TRANING COMPANY ADM Assessor's Name:	Date: Contact Phone Number: MISTRATION USE ONLY Qualification:		