

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 candidate's experience;
- a detailed log book of cabling experience showing dates and types of work; or
- a signed statement by an employer or a registered cabler by whom the candidate has been directly supervised detailing the candidate's 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 S009:2020 or AS/NZS 3000:2018 (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: ____/____/____