**STUDENT DECLARATION**

Mengel Training Services Unit20, 11- 15Gardner Cr

Toowoomba QLD 4350

Phone: 4634 0512

Fax: 4633 5148

Email: office@idealdrivingschool.com.au

**Recognition of Prior Learning (RPL) Checklist**

**TLILIC2001A Licence to Operate a Forklift Truck**

Name: Date:

Address:

Contact Number:

**Checklist for RPL**

Have you ever attended any training or received any certificates in relation to forklift Training?

Yes  No  (if yes please attach any certificates or supporting documentation)

To enable your assessor to take your prior experience into consideration you will have to provide sufficient evidence/information outlining your prior forklift operational experience.

Information must be provided for each of the following elements:

|  |
| --- |
| **Plan work**: You are required to provide information relating to how you identify hazards in the workplace and what control measures you have put in place to ensure the safety of personnel and equipment.  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Conduct Routine checks:** You are required to outline as part of your forklift operation what visual checks you conduct on the machine and what you are looking for. You are to outline how you check the functions of controls, pre-start operational checks which are carried out and start up procedure used.In relation to your forklift checks outline the procedures taken to conduct post-start operational checks in accordance with your workplace procedures and how any faults are identified and what action is taken to ensure the machine is not used by others. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Loads:** You are required to provide information on how you assess the weight of the load to be moved and how you determine if it is within the weight limits of the forklift. You need to provide procedures you take to communicate to others in the workplace that the forklift is being operated (e.g. placement of signage etc). You need to provide information on the type of loads you move and what forklift operation you are required to do as part of your job. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shut down and secure forklift:** You are to outline the procedures you take to park and shut down the forklift. You are required to outline what post-operational checks you conduct on the forklift and procedures taken to report any faults and how you prevent unauthorised personnel from operating the vehicle. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Additional Information:** You must provide the number of hours you have been operating a forklift, the type of forklift operated (make, size) and provide details of the person supervising your forklift operation. Supervisors details include:* Name
* Forklift Licence number
* Date of Issue
* State of issue
 |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

The assessor will take all information provided into consideration when making his/her decision on Recognition of Prior Learning. The Assessor may contact you by phone to gain further information to enable him/her to make their decision and determine training required.

You are required to attach all supporting documentation to this document.

I declare that all information provided is true and accurate:

**Candidates Signature:**

**Office Use Only**

Did Assessor contact candidate Yes  No  Date:

Recognition of Prior Learning: Approved  Not Approved 

|  |
| --- |
| Comments: |

Assessor’s Name: Signature: Date: