

IRATA Course Enrolment Form

Candidate Personal Details	
Surname or Family Name	Date of Birth
	D D / M M / Y Y Y Y
	Gender
	Male Female
First Given Name	Middle Name
	Phone
Email Address	D/Licence or PP
Address	
	Suburb
	State/territory
	Postcode

Emergency Contact Details	
Full Name	
Contact Phone	Relationship

Course Information	
IRATA Number	IRATA Log Book Number
IRATA Training Level (if applicable)	IRATA Training Type (if applicable)
<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	<input type="checkbox"/> Initial <input type="checkbox"/> Upgrade <input type="checkbox"/> Re-validation

Cultural Background	
Do you speak a language other than English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
How well do you speak English?	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all
Do you require language, literacy or numeracy assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

STAFF ONLY

Existing Technicians	New Technicians
IRATA Number Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Photo taken: <input type="checkbox"/> Yes <input type="checkbox"/> No
IRATA LogBook Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number IRATA LogBook Issued:
Total LogBook Hours Entered in IOS:	IOS Generated IRATA Number:
Name of Verifier:	Name of Registrar: Date of Registration:

5th Point Group

Operations | Australia | New Zealand

www.5thpoint.com

Copyright © 2023 5th Point Pty Ltd

CANDIDATE DISCLAIMER AND LIABILITY RELEASE

This is an important document – please read it carefully before signing as you are accepting sole responsibility for your own health and medical condition and absolving IRATA, its member companies, and their respective

Name:			
Signature:		Date:	

requirements or performing manoeuvres required during assessment.

Declaration

I declare that I am in good health, physically fit and consider myself suitable to undertake rope access training and assessment. I do not have any medical conditions or contra-indications that may prevent me from working safely.

Principal contra-indications to working at height include (but are not limited to):

- prescribed medication that may impair physical and/or mental function;
- alcohol or drug dependence;
- diabetes, high or low blood sugar;
- high or low blood pressure;
- epilepsy, fits or periods of unconsciousness, e.g. blackouts;
- vertigo, giddiness or difficulty with balance;
- heart disease or chest pain;
- impaired limb function;
- musculoskeletal issues, e.g. back pain;
- psychiatric illness;
- fear of heights;
- sensory impairment, e.g. blind, deaf.

Risk and Disclaimer of Liability

I understand that rope access at altitude or depth, and the training and assessment in respect of it, carries risks to myself and others of personal injury (including permanent disability and death) because of the possibility of falls and collisions and is a strenuous activity.

On behalf of myself and my estate, I irrevocably release the Providers and their officers and personnel from any and all liabilities, claims, demands and expenses including legal fees arising from or in connection with my undertaking rope access training and assessment involved in applying for IRATA certification.

By signing this declaration, I warrant and acknowledge that:

- a) the information given by me is correct and will be relied upon by the Providers;
- b) to the best of my knowledge and belief, engaging in rope access activities would not be detrimental to my health, wellbeing or physical condition or to others who may be affected by my acts or omissions;
- c) a member company or assessor has the right to exclude me from training or assessment if they have concerns over my health, fitness or attitude to safety;
- d) (save where the Providers cannot exclude their liability by law), I accept that this Candidate Disclaimer and Liability Release remains legally binding even if the warranties and declaration given by me are untrue and I accept the risks involved in undertaking the training and assessment; and
- e) I will advise IRATA should my health or vulnerability to injury change and immediately cease rope access activities unless approved to do so by a medical doctor.

This Candidate Disclaimer and Liability Release shall be construed and governed in accordance with Australian law and the parties submit to the exclusive jurisdiction of the Australian courts.