



CSTP Experienced Worker Application

This form is to be completed by the experienced worker applying for a CSTP card and their current supervisor/s.

Please insert current Head and Shoulder ID Photo here. (Passport quality)

Part One – CSTP Applicant Declaration

Employee Name			DOB (dd/mm/yy)	
Contact Details	Phone		Email	
Mailing Address (CSTP card to be sent to)				
Current Employer			Employee ID #	

I, the applicant, confirm that:	YES	NO
I have been actively engaged in the oil and gas drilling or production industry for a least 12 months within the past two years		
<i>If no, you do not meet the definition of experienced worker under the CSTP and will need to complete the off-the-job training program at one of the approved training providers before undertaking the workplace observation</i>		
Supervisors: Please initial the items you observed:		
Can consistently demonstrate the required safe work behaviours in the workplace by:	YES	NO
Working in accordance with the safety systems including: <ul style="list-style-type: none"> • adherence with relevant policies, procedures, systems and processes • participating in safety related meetings • working within the permit system • completing Hazard Observation/incident reporting • undertaking workplace training programs 		
Participates in workplace safety activities that continuously improve the safety behaviour of self and others		
Participates in hazard identification and risk assessment activities in the workplace		
Responds to emergency alarms/ signals (real or simulated) in accordance with workplace procedures		
Works in a manner that minimises hazards and potential for harm to self and others		
Works as part of a team using appropriate and effective communication with all work colleagues		

I declare that the information provided is accurate and reflective of safe work behaviours I consistently demonstrate while performing my job role.

Employee Name		
Employee Signature		Date:

Part Two – Supervisor/s Verification

- It is a requirement of the *CSTP Experienced Worker Application* process that to sign off on the supervisor’s verification, the supervisor(s) must have observed the applicant for a period of no less than 28 days, which can be over two or more shifts.
- While it is preferable that the application is signed off by the same Supervisor, it is recognised that due to rosters and work schedules this may not always be possible. Provision is therefore made for up to three (3) supervisors to carry out workplace observation and sign of the *CSTP Experienced Worker Application*.(but not required if one supervisor completes the full observation and application)
- Each Supervisor must initial in ‘YES/NO” Columns for each item they observe over the 28 days.

Supervisor Declaration

I confirm that the applicant is currently engaged by this organisation, and that the information provided is representative of observed safe working behaviours when performing their job role. I understand that I may be asked to verify these observations to an external auditor.

Supervisor 1	Name:	Date
	Signature:	Company:
Supervisor 2 (If applicable)	Name:	Date:
	Signature	Company:
Supervisor 3 (If applicable)	Name:	Date:
	Signature	Company:

This document must be emailed to: AdminSupport@ifap.asn.au along with a digital head and shoulder photo (must be current and passport quality) and payment form.

The CSTP card will be issued upon approval of this application and receipt of payment of a service fee.

For further information on CST Program, please visit:
<http://www.cstp.com.au>