

Employer Declaration Evidence of Prior Operation Forklift or Order Picker

Employer to complete and email back to: email@theoperatorschool.com.au or fax to 55379245

The form below may be used as evidence to reduce the amount of practical training a student may need prior to sitting their forklift (order picker) assessment. However, this is not guaranteed. The Assessor's final decision is based on the Student's demonstrated practical skills with the machine. A challenge test will be conducted to verify the information provided below.

Name of employee you wish to get Licenced :			
Licence Required	<input type="checkbox"/> Forklift	<input type="checkbox"/> Order Picker	<input type="checkbox"/> Both machines
Name of your Business:			
Your Name:		Position:	
Phone No:			
Email address:			
How much experience does the employee have?			
With a Forklift? (if applicable) Years Months Days <input type="checkbox"/> NA
Employee last used Forklift?	<input type="checkbox"/> Yesterday	<input type="checkbox"/> Last week	<input type="checkbox"/> Last month <input type="checkbox"/> 1 year or more
Make:	Model:	Serial or Rego No:	
With an Order Picker? (if applicable)			
With an Order Picker? (if applicable) Years Months Days <input type="checkbox"/> NA
Employee last used order picker?	<input type="checkbox"/> Yesterday	<input type="checkbox"/> Last week	<input type="checkbox"/> Last month <input type="checkbox"/> 1 year or more
Make:	Model:	Serial or Rego No:	
Details of Employee's Practical Skills			
Type of environment you work in i.e. building site, warehouse etc:			
Has employee loaded trucks before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has employee worked in a racking system before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the employee conduct own pre-checks and post checks on machine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is employee familiar with battery electric machines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is employee familiar with LPG or Diesel machines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the employee used to working with a Traffic Management Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other things you think may be relative to this course:			
I declare that the information I have provided in this statement is true and correct			
Signed:		Date:	
Office Use Only:			Processed by Initials:
Assessor Determination	<input type="checkbox"/> 2 day course	<input type="checkbox"/> 3 day course	<input type="checkbox"/> Needs a challenge test
Notes:			