

# Document Control Record

## 1. Document Details:

**Name:** CREW TRAINING APPLICATION FORM

**Number:** STM6045

**Version Number:** 2.1

**Document Status:**  Working Draft

Approved for Issue

Archived

**Next Scheduled Review**

**Date:** \_\_\_\_\_

## 2. Version History:

Version Number	Date	Reason/Comments
1.0	15/10/2007	Initial issue
1.1	07/02/2009	Added e-mail details
2.0	15/12/2011	Modify the form layout
2.1	22/3/2012	Modifications to the form

**Approved by** \_\_\_\_\_ **Signature & Date** \_\_\_\_\_

## 3. Distribution List

Position	Date	Copy Issued (Yes/No)	Copy No.	Received
Rail Safety Manager		Y	1	

SYDNEY TRAMWAY MUSEUM

(Confidential)

South Pacific Electric Railway Co-operative Society Ltd.

**CREW TRAINING COURSE**  
**APPLICATION FOR TUITION AS CONDUCTOR OR DRIVER**

S P E R Co-op Society Ltd  
P O Box 103  
SUTHERLAND NSW 1499

Date: \_\_\_\_\_

Attention:- Crew Training Co-ordinator/Committee

Dear Sir

I hereby apply to be trained as a ..... on the Society's trams in accordance with the requirements of the Board of Directors, the rules and regulations of the Society, and the Rail Safety Act.

**PLEASE NOTE**

- (1) THE MINIMUM AGE FOR TRAINING AS A CONDUCTOR IS **15 YEARS** AND FOR DRIVER IS **18 YEARS**.
- (2) ALL CANDIDATES **FOR CONDUCTOR** MUST FIRST PASS AN APTITUDE TEST. IF SUCCESSFUL, THEN A MEDICAL EXAMINATION (**RAIL SAFETY CRITICAL WORKER**), WITH A DOCTOR NOMINATED BY THE SOCIETY, IS REQUIRED BEFORE TRAINING CAN COMMENCE. (THE SOCIETY WILL PAY THE DOCTOR FEE).
- (3) ALL TRAINING AND FURTHER PROGRESSION IS SUBJECT TO THE APPLICANT - (1) PASSING THE MEDICAL; (2) DEMONSTRATING SUITABILITY FOR THE NOMINATED POSITION; AND (3) THE TRAINERS' RECOMMENDATIONS.

NAME: (BLOCK LETTERS).....

MEMBERSHIP NUMBER: ..... DATE OF BIRTH:.....

ADDRESS: .....

..... POST CODE: .....

PHONE: (Home) ..... (Bus) .....

(Mobile) .....(Fax) .....

EMAIL: .....

OVER/2

SYDNEY TRAMWAY MUSEUM

If under the age of 18, Parent or Legal Guardian to complete this section.

I hereby give permission for my son/daughter to undertake tram crew training at the Sydney Tramway Museum. (Signature of parent or guardian) \_\_\_\_\_

Relationship: \_\_\_\_\_

---

If you hold a current motor vehicle or other Driver/Operator licence, please give details:-

Type: \_\_\_\_\_ Class \_\_\_\_\_

Licence Number \_\_\_\_\_ Date of Expiry \_\_\_\_\_

Any restrictions: \_\_\_\_\_

---

Previous Museum Authorisations (if any): \_\_\_\_\_

Current or expired: \_\_\_\_\_

If expired, reason for expiry: \_\_\_\_\_

---

Are you currently receiving any treatment from a medical practitioner? If so, please give brief details.

---

---

---

---

---

---

---

---

---

---

Are you currently taking any prescription medicines? If so, please give details?

---

---

---

---

---

---

---

---

---

---

SIGNATURE: \_\_\_\_\_

---

OFFICE USE ONLY

Application received: \_\_\_\_\_ Training commenced: \_\_\_\_\_

Training number: \_\_\_\_\_