

THE WIRELESS INSTITUTE OF AUSTRALIA

ASSESSMENT SHEET



Form 1

12/02/2009

ALL ASSESSMENTS / EXAMINATIONS CONDUCTED BY WIA ASSESSORS

Part 1 - Candidate Details

Title	First Given Name	Second Given Name	Date of Birth / /
Surname			Place of Birth
Residential Address		Postal Address (if different to residential address)	
Suburb		Suburb	
State	Postcode	State	Postcode
Phone Home	Callsign (if any)		
Phone Business	Occupation		
Phone Mobile	Email		

Part 2 - Application for Assessment

Please select from the following list the subject(s) in which you are requesting to be assessed

Tick	Subject being Assessed	Fee	Under 18 Fee	<input type="checkbox"/> Tick only if you are under the age of 18
<input type="checkbox"/>	Foundation Theory/Regulations and Practical Assessment	\$67.00	\$35.00	
<input type="checkbox"/>	Practical Assessment taken alone	\$67.00	\$35.00	
<input type="checkbox"/>	Standard/Advanced Regulations	\$67.00	\$35.00	
<input type="checkbox"/>	Standard Theory	\$67.00	\$35.00	
<input type="checkbox"/>	Advanced Theory	\$67.00	\$35.00	
				Assessment Fee Total
				\$

Part 3 - Application for Apparatus Licence or Variation of Licence and Callsign Recommendation

Tick	I request the WIA to forward to the ACMA my Application for Apparatus Licence	ACMA Licence Application Fee	\$
<input type="checkbox"/>	I request the WIA to forward to the ACMA my Application for Variation of Apparatus Licence	ACMA Licence Variation Fee	\$
<input type="checkbox"/>	I am including with this paperwork a completed WIA Callsign Recommendation form	Callsign Recommendation Fee	\$
<input type="checkbox"/>	I have attached a completed ACMA form RO57		
Total for Assessment, Licence and Callsign Recommendation Fees			\$

Part 4 - Information Required for Certificate of Proficiency

This assessment(s) completes all required components for the issue of a certificate of proficiency.
 Yes No

I have included a photograph (35 mm x 45 mm) of myself signed across the front in permanent ink.

Example Photograph →



Additional information required for certificate of proficiency

Height - Centimetres

Distinguishing Features (eye and hair colour, visible scars)

Part 5 - Certification Acknowledgement

I confirm and acknowledge that:

(a) the information set out in Parts 1 and 4 is true and correct;
 (b) I applied for the assessments set out in Part 2 and made the requests set out in part 3;
 (c) I have understood the result(s) of this/these Assessments.

Today's Date / /

Signature of Candidate

Part 6 - Payment Sum of Part 2 and Part 3 above

<p>Payment Included by way of :</p> <p>\$ Cheque/Money Order made payable to WIA <i>Attach cheque/money order payable to WIA to this form</i></p> <p>\$ Cheque/Money Order made payable to ACMA <i>Attach cheque/money order payable to completed</i></p> <p>\$ Cash given to WIA Assessor</p> <p>\$ Credit Card</p> <p>\$ Total Amount</p>	<p>Credit Card Details : <i>(if payment being made by credit card)</i></p> <p>I authorise payment to the WIA of \$ by way of debit to my</p> <p>Card Number Card Type : <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard</p> <p>Name on Credit Card Expiry Date / /</p> <p>Signature Date / /</p>
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Part 7 - Identity Verification - To be Completed by Assessor

Tick **A Photo ID**

Identity was verified to my satisfaction by one of the following:
(If no photo ID available, complete B below)

Passport

Drivers Licence

Employment, security, student or other card with photograph

Full Name of parent/guardian if identifying minor who is identified as above

Tick **B No Photo ID**

If no photo ID can be produced, Assessor must satisfy himself/herself of identity of candidate, including not less than 3 non photo forms of identity, including credit card, Medicare card, Pensioner card, electricity account showing name and address etc. below.
Identity was verified to my satisfaction as follows:

Other ID - 1

Other ID - 2

Other ID - 3

Set out any additional facts you relied on to verify identity:

Assessor Signature Assessor Number Date

Part 8 - Assessment Details

Assessment Conducted at (location) Date of Assessment

Sponsoring Club (if any)

Tick	Assessment Pack Number	Result (C / NYC)	Number Incorrect	Assessor Conducting Assessment	Second Assessor or Learning Facilitator Present
<input type="checkbox"/> Foundation Theory/Regulations	<input type="text" value="Pack Number"/>	<input type="text" value="C / NYC"/>	<input type="text" value="No. Incorrect"/>	<input type="text" value="Assessor Number"/>	<input type="text" value="Assessor or LF Number"/>
<input type="checkbox"/> Practical Assessment as part of Foundation		<input type="text" value="C / NYC"/>		<input type="text" value="Assessor Number"/>	<input type="text" value="Assessor or LF Number"/>
<input type="checkbox"/> Practical Assessment taken alone.		<input type="text" value="C / NYC"/>		<input type="text" value="Assessor Number"/>	<input type="text" value="Assessor or LF Number"/>
<input type="checkbox"/> Standard/Advanced Regulations	<input type="text" value="Pack Number"/>	<input type="text" value="C / NYC"/>	<input type="text" value="No. Incorrect"/>	<input type="text" value="Assessor Number"/>	<input type="text" value="Assessor or LF Number"/>
<input type="checkbox"/> Standard Theory	<input type="text" value="Pack Number"/>	<input type="text" value="C / NYC"/>	<input type="text" value="No. Incorrect"/>	<input type="text" value="Assessor Number"/>	<input type="text" value="Assessor or LF Number"/>
<input type="checkbox"/> Advanced Theory	<input type="text" value="Pack Number"/>	<input type="text" value="C / NYC"/>	<input type="text" value="No. Incorrect"/>	<input type="text" value="Assessor Number"/>	<input type="text" value="Assessor or LF Number"/>

Part 9 - Assessor / Learning Facilitator Certification

I certify that I conducted the assessments(s)/I was present at the assessment(s) against which my Assessor/LF number is written.

Assessor Name <input type="text"/>	Assessor Number <input type="text"/>	Date <input type="text" value="/ /"/>	Signature <input type="text"/>
Assessor/Learning Facilitator Name <input type="text"/>	Assessor/LF Number <input type="text"/>	Date <input type="text" value="/ /"/>	Signature <input type="text"/>
Assessor/Learning Facilitator Name <input type="text"/>	Assessor/LF Number <input type="text"/>	Date <input type="text" value="/ /"/>	Signature <input type="text"/>
Assessor/Learning Facilitator Name <input type="text"/>	Assessor/LF Number <input type="text"/>	Date <input type="text" value="/ /"/>	Signature <input type="text"/>