



CHAIN OF RESPONSIBILITY (TLIF20002)

REGISTRATION FORM

DATE	LOCATION
To be agreed along with start time	To be agreed

How to book: Complete the tables below and return to the WCRA office with your payment.

- **This workshop will run for approximately 4.5 hours**



Confirmation: An email will be sent confirming your booking once minimum numbers have been attained
Fee: \$270 per participant (GST not applicable)
Fee Covers: Training, course participant's manual, a TAFE NSW Statement of Attainment and a TAFE NSW Transcript listing unit of competency successfully completed.

Session will be subject to a minimum number of 10 attendees in total. Maximum course attendance is 15.

Cancellations will only be accepted in writing, up to close of business 2 weeks prior to the course.

Covid-19 safety principles will apply to this workshop.

The training will cover the following areas:

- An overview of the concept and legislative framework of Chain of Responsibility and the Heavy Vehicle National Laws (HVNL)
- Principal obligations relating to Chain of Responsibility under the HVNL
- An understanding of corporate and personal responsibilities under the legislation
- Consequences of non-compliance with the Chain of Responsibility and HVNL
- Duties within the individual's own role
- Methods and requirements to ensure compliance with fatigue, speed, load restraint, vehicle standards, mass, dimension & maintenance regulations
- Parties in the Chain of Responsibility
- Parties in the extended liability provisions of the HVNL
- What constitutes a duty, a reasonable step, a breach and a penalty to Chain of Responsibility
- Where to locate current Chain of Responsibility information
- Action required when possible breaches of the Chain of Responsibility are identified
- Workplace policies and procedures to achieve Chain of Responsibility compliance

Booking Details			
Organisation			
Contact Person Name & Phone No.			
Attendee Name(s)	USI Number	Phone Contact	Email Address
1			
2			
3			
Total Amount	\$	\$270 per Attendee	
Credit Card Type	Please Tick: Visa () MasterCard () Amex () Cheque ()		
Credit Card Holder			
Credit Card Number			Expiry Date / /
Signature			

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