

New FOLS Application Form



1. Personal Details

First name

Last name

Date of birth

Gender Male / Female Aboriginal or Torres Strait Islander

Phone number Mobile number

Email

Postal address

City/town State Postcode

2. Employment Details

Start date

Employment Status Full-time / Part-time / Casual / Contract

Business name

Business category General / Forestry Contractor / Forest Manager / Self Employed

Contact Person

Phone number Mobile number

Email

Postal address

City/town State Postcode

3. Skills

- a) Provide details below of skilled activities you have completed training in and which you would like recorded on your FOLS.
- b) Attach a copy of the training record for each skilled activity (*Statement of Attainment* from a Registered Training Organisation).

Course Name i.e. Fall trees manually (basic)	Statement of Attainment attached	Employer/Verifier Signature
	Yes <input type="checkbox"/>	Verified <input type="checkbox"/>
	Yes <input type="checkbox"/>	Verified <input type="checkbox"/>
	Yes <input type="checkbox"/>	Verified <input type="checkbox"/>
	Yes <input type="checkbox"/>	Verified <input type="checkbox"/>
	Yes <input type="checkbox"/>	Verified <input type="checkbox"/>
	Yes <input type="checkbox"/>	Verified <input type="checkbox"/>
	Yes <input type="checkbox"/>	Verified <input type="checkbox"/>
	Yes <input type="checkbox"/>	Verified <input type="checkbox"/>
	Yes <input type="checkbox"/>	Verified <input type="checkbox"/>
	Yes <input type="checkbox"/>	Verified <input type="checkbox"/>
	Yes <input type="checkbox"/>	Verified <input type="checkbox"/>
	Yes <input type="checkbox"/>	Verified <input type="checkbox"/>
	Yes <input type="checkbox"/>	Verified <input type="checkbox"/>
	Yes <input type="checkbox"/>	Verified <input type="checkbox"/>

Skilled activities can only be added to your FOLS if you provide evidence of training and your employer or Forest Manager verifies currency.

In signing this statement, I am verifying that (insert name of operator) ----- has been undertaking the skilled activities I have indicated as verified above. I am unaware of any major incidents pertaining to these activities over the past 3 years.	
Name of Employer or Forest Manager:	Date:
Signature:	Print name:

Forest Manager FOLS requirements

Some Forest Managers require operators to have a set of skills for different job roles. Essential Training Standards identify required skills for high risk job roles. Please check with your Forest Manager to find out if there are any specific requirements.

- a) Tasmanian forest managers require manual tree falling skills to be verified by a formal reassessment every three (3) years, and a new Statement of Attainment provided to ForestWorks;
- b) Victorian forest managers require manual tree falling skills to be verified by a formal reassessment every six (6) years, and a new Statement of Attainment provided to ForestWorks

In Victoria, VicForests require Operators to have the following two competencies:

- FWPCOR2203 Follow environmental care procedures
- FWPCOR2205 Follow WHS policies and procedures

4. FOLS Disclaimer Agreement

I understand my information will be stored on the FOLS system as listed in the website Terms and Conditions.

I understand and give permission for ForestWorks to use my information to do all or some of the following to process my application:

- Issue a FOLS
- Store digital records of my training and currency
- Provide online access of my current FOLS details to my employer
- My skills records may be used for compliance and statistical analysis purposes

I understand that ForestWorks is not responsible for managing the requirements of my Forest Manager in terms of skills listed on my FOLS. This is my responsibility.

I indemnify ForestWorks against any property damages, personal injury (including death), negligence, breach of contract, breach of statutory duty, or otherwise, within my work and training practices.

In signing this application, I agree to all the above conditions and acknowledge that the information provided is accurate to the best of my knowledge.

Applicant signature: _____

Date: __/__/__

5. Payment

FOLS fee - \$165 (inclusive of GST) for 3 years

I have paid online at www.forestworks.com.au/payments Date paid _____

Direct Deposit or EFT

Account Name: ForestWorks Ltd

Bank: National Australia Bank

BSB: 083 004

Account Number: 918380609

Please email remittance advice to fols@forestworks.com.au

Please debit my credit card

Fill out details below

Credit Card Type: Visa / MasterCard

Credit card number: ____ / ____ / ____ / ____

Expiry Date: __ / ____

CVV No. _____

Name on card: _____

Signature: _____

Pay by Mail

Attach your cheque or money order to this application and post to

ForestWorks Ltd

PO Box 612, North Melbourne VIC 3051

Please Invoice my Employer

Purchase Order Number _____

Send Invoice to _____

Address _____

This application can either be completed using this form or online via our website
fols@forestworks.com.au

For more information or assistance, please contact us:



1800 177 001



fols@forestworks.com.au



www.fols.forestworks.com.au