## **SECTION 1. EOI TABLE** ■

This section must be completed prior to the commencement of TCWT assessment. Mark the appropriate boxes.

Applicant name

ease complete the applicab	le evidence of identity details in t	he shaded box below	(please print in BLOCK LE	TTERS only)
imary (only use one primary	document)			Points valu
	e/card (minimum 14 years for GIT rar of Births Deaths and Marriages	Number	State	70
Australian or international passport (current or expired within last two years, but not cancelled)		Number	Country	
Australian citizenship certificate		Number		70
				70
econdary				
Current Australian state or territory driver's licence or learner driver licence/permit		Number	State	40
Current Australian state or territory boat operators photo licence (eg personal watercraft driving licence)  Current NSW firearms photo licence		Number	State	40
		Number		40
Current NSW meanns pin	oto licerice			40
Current Australian issued high risk work licence		Number	State	
Current Australian state/territory proof of age or photo card (eg a NSW RMS issued photo card)		Number	State	40
Australian Police or Dept of Defence card (with photo)		Number		40
				40
ne following documents are v	worth 25 points (please tick box fo	or type of EOI being u	sed and record points value	e)
Department Veterans Affairs card	Current Centrelink card Home	Property (council) rates notice issued in the last three (3) months x 2!  Utility bills issued in the last three		x 25 =
Property lease agreement	nome insurance papers	ž		x 25 =
Current motor vehicle registration	Motor vehicle insurance papers	Telephone account issued in the last three (3) months		x 25 =
Current Credit/Savings cards/ Medicare card Bank statements (1)		Credit/Savings cards Bank statements (2)	s/	x 25 =
	ards or statements (up to a maxin savings card or statement equates			points

## **RTO/NOMINATED TRAINER USE ONLY**

Please confirm at least 100 points of EOI containing the following information has been validated by ticking the box below:

Photo ID sighted Date of birth sighted

Current residential address sighted

Signature sighted

Please tick the box to indicate the training delivered

TCWT TCWT assessment