

# Control Traffic with a Stop/ Slow Bat

## (MAIN ROADS WA TC)

### AIM OF THE COURSE

This unit specifies the competency required to safely and efficiently control traffic in a variety of situations and is compliant with MAIN ROADS WA Standards and Regulations.

### COURSE CONTENT

At the completion of the TC program you will have gained an understanding of the relevant State and Territory traffic control legislation and be able to demonstrate skills and knowledge in relation to;

- Signs and devices
- Site isolation and traffic control responsibilities and authorities
- Site and equipment safety requirements
- Hazard identification
- JSA's / safe work method statements
- Basic signalling
- Traffic controlling
- Radio operations

### DURATION

Minimum 1 day for theory at our Midvale training centre or on site for corporate clients for 6 or more participants.

Note: As a result of attendance on the TC one day program successful participants will receive *provisional accreditation* (lasting 4 months) pending completion of a logbook of practical workplace assignments on 3 separate jobs:

- One minor road
- One main road
- One intersection

**Important  
note**

Candidates who are not working in the industry can attend an additional day of practical training to complete the 3 workplace exercises *at additional cost*.

### PREREQUISITES

A current driver's licence

### ACADEMIC AWARD AND RECOGNITION

Upon receipt of a completed logbook the RTO will issue a Statement of Attainment along with MAIN ROADS WA accreditation.

### WHAT TO WEAR

All course participants are required to wear appropriate work attire to the Training Centre. Closed in shoes is the minimum requirement for attendance on courses.

### WHEN TO ARRIVE

It will be helpful if you can arrive at least 15 minutes before the scheduled time as there are a few forms to fill in before the course.

### WHERE IS THE TRAINING CENTRE?

Our training centre is located in Elliott Street Midvale, just off Roe Highway.



# Australian Training Management Pty Ltd

## Course Enrolment Form



| CLIENT DETAILS  |  |  |  |                                      |  |                                      |  |                                     |          |                               |       |           |  |
|---|--|--|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|----------|-------------------------------|-------|-----------|--|
| Contact name:   |  |  |  |                                      |  |                                      |  |                                     |          |                               |       |           |  |
| Company:  |  |  |  |                                      |  |                                      |  |                                     |          |                               |       |           |  |
| Address:  |  |  |  |                                      |  |                                      |  |                                     |          |                               |       |           |  |
| Suburb:   |  |  |  |                                      |  |                                      |  | Post Code                           |          |                               |       |           |  |
| Phone:  |  |  |  | Fax/Email:                           |  |                                      |  |                                     |          |                               |       |           |  |
| COURSE DETAILS  |  |  |  |                                      |  |                                      |  |                                     |          |                               |       |           |  |
| Course  |  |  |  |                                      |  | Control Traffic with a Stop-Slow Bat |  |                                     | Duration |                               | 1 day |           |  |
| Location:   |  | ATM Safety Training Centre –Unit 1/28 Elliott Street, Midvale WA 6056  |  |                                      |  |                                      |  |                                     |          |                               |       |           |  |
| Course date   |  |  |  | Start time                           |  | 8:00am                               |  |                                     |          |                               |       |           |  |
| Participant Names: <i>(if additional space required copy this form)</i> |  |  |  |                                      |  |                                      |  |                                     |          |                               |       |           |  |
| 1   |  |  |  |                                      |  | 6                                    |  |                                     |          |                               |       |           |  |
| 2   |  |  |  |                                      |  | 7                                    |  |                                     |          |                               |       |           |  |
| 3   |  |  |  |                                      |  | 8                                    |  |                                     |          |                               |       |           |  |
| 4   |  |  |  |                                      |  | 9                                    |  |                                     |          |                               |       |           |  |
| 5   |  |  |  |                                      |  | 10                                   |  |                                     |          |                               |       |           |  |
| PAYMENT DETAILS   |  |  |  |                                      |  |                                      |  |                                     |          |                               |       |           |  |
| No. of Participants:  |  |  |  |                                      |  | Cost per person *                    |  |                                     |          |                               |       | Total: \$ |  |
| <i>Pricing policy</i>   |  | <i>Please note: Prices are subject to change. Please obtain the current cost per person by contacting the booking officer</i>  |  |                                      |  |                                      |  |                                     |          |                               |       |           |  |
| <i>Cancellation policy:</i>   |  | <i>Full refund or transfer to a course on another date without penalty if you notify us 5 business days or more before the course. There are no refunds for non-attendance on the booked date.</i> |  |                                      |  |                                      |  |                                     |          |                               |       |           |  |
| Purchase Order No:  |  |  |  |                                      |  | Authorising persons signature:       |  |                                     |          |                               |       |           |  |
| Payment Method  |  | <input type="checkbox"/> Cheque  |  | <input type="checkbox"/> Credit Card |  | <input type="checkbox"/> Bankcard    |  | <input type="checkbox"/> MasterCard |          | <input type="checkbox"/> Visa |       |           |  |
| <i>Please debit:</i>  |  |  |  |                                      |  |                                      |  |                                     |          |                               |       |           |  |
| Name on Card:   |  |  |  |                                      |  |                                      |  |                                     |          |                               |       |           |  |
| Expiry:   |  |  |  |                                      |  | Signature:                           |  |                                     |          |                               |       |           |  |
| <b>Training Centre</b><br>Unit 1/28 Elliott Street<br>MIDVALE WA 6056   |  |  |  |                                      |  |                                      |  |                                     |          |                               |       |           |  |
| <b>START TIME</b><br><b>8:00AM SHARP</b>                                |  |  |  |                                      |  |                                      |  |                                     |          |                               |       |           |  |

Please forward your completed enrolment form and payment details to:  
**Australian Training Management Pty Ltd**  
 PO Box 398 Mundaring WA 6073  
 Fax: (08) 9274 0299 or email: [susan.lewis@australiantraining.com.au](mailto:susan.lewis@australiantraining.com.au)