AAR Training Request Workflow



INSTRUCTIONS FOR USE

SECTIONS 1 AND 2:

- Sections 1 and 2 are completed by the INDIVIDUAL (Employee or Contractor requiring the AAR Training).
- The form is then forwarded to the relevant TGen Site Contact Person (or if an Employee to your Line Manager or their Delegate); who will complete the remaining sections.
- All fields are MANDATORY with "N/A" to be entered where not applicable.

SECTIONS 3 AND 4:

- Sections 3 to 4 are completed by the relevant TGen Site Contact Person, Line Manager or their Delegate, as appropriate.
- All fields are MANDATORY with "N/A" to be entered where not applicable.

ON COMPLETION OF SECTIONS 1-4:

- TGen Site contact must forward the fully completed *AAR Request Form* to the RGPS Station Manager for approval.
- RGPS Station Manager will forward to the L&D team for processing. The enrolment will be confirmed and the individual will receive an email with instructions on how to login and complete training.

AAR REQUEST FORM – EMPLOYEES AND CONTRACTORS					
1. Individual Details (Completed by the person requiring the AAR Training)					
Full Name:	First:	Last:			
Employment Basis:	☐ Employee ☐ Contractor	oyee Contractor			
ID Number	Employees please provide AGS Number Existing contractors – use the CON # on your TGEN ID Card	DOB:			
Position Title:		Phone:			
Email:	mail address is Mandatory.				
Company Name:					
(For Contractor Only)					
Induction Type					
(Tick where appropriate)	□ New □ Amendment □ Renewal				
2. Individual's Signature and Declaration					
I certify that the information given above is correct. I understand that any false or misleading information may					
result in termination of my site access.					
NOTE: If completing this declaration on behalf of the Individual name above, in signing below the TGEN Person responsible confirms the above Declaration has been stated to and acknowledged by the Individual. No					
person's name may be entered by another person unless consent has been given.					
Signature: Electronic Signatures acceptable Date:					
3. AAR Requirements (Completed by the TGen person responsible for the Individual)					
General Induction	☐ General Induction - mandatory for work on all Territory Generation Sites		□ N/A		
Lock Box	☐ Lockbox – mandatory for all				
Sign On	☐ AAR15 Sign on AA for work on HV apparatus				
	☐ AAR16 Sign on AA for electrical testing on HV apparatus		□ N/A		
	☐ AAR17A Sign on AA for work or test on LV apparatus				
	☐ AAR17B Sign on AA for work or test on mechanical apparatus				
	☐ AAR18 Sign on AA for entry to a confined space				
	☐ AAR19 Sign on AA for hot work				
Receive	☐ AAR10 Receive AA for work on HV apparatus				
	☐ AAR11 Receive AA for electrical testing on HV apparatus		□ N/A		
	☐ AAR12A Receive AA for work or test on LV apparatus				

	☐ AAR12B Receive AA for work or test on mechanical apparatus				
	☐ AAR13 Receive AA for entry to a confined space ☐ AAR14 Receive AA for hot work				
Prepare/Issue	☐ AAR1 Prepare a RFA for work on HV apparatus				
	☐ AAR2 Prepare a RFA for electrical testing on HV apparatus				
	☐ AAR3 Prepare a PRI				
	☐ AAR4 Conduct steps of a HV PRI				
	☐ AAR5 Conduct steps of LV/mechanical PRI		□ N/A		
	☐ AAR6 Issue AA for work or test on HV apparatus				
	☐ AAR7 Issue AA for work or test on LV/mechanical apparatus				
	☐ AAR8 Issue AA for entry to a confined space				
	☐ AAR9 Issue AA for Hot work				
ADDITIONAL AUTHORISATIONS REQUIRED	☐ AAR25 Issue authority to work in vicinity of apparatus				
	☐ AAR20 Personal entry to HV switchyards & buildings				
	☐ AAR21 Personal entry to HV cages				
	☐ AAR22 Conduct work or test under sundry apparatus procedures				
	☐ AAR23 Conduct operational checks on apparatus in-service		□ N/A		
	☐ AAR24 Conduct specified work or test				
	☐ AARG28 Work in vicinity of apparatus awareness				
	NOTE: Section 5 below must be completed for all HV authorisations.				
4. Endorsement of Application (Completed by the TGen person responsible for the Individual)					
I endorse this application and confirm the authorisations applied for above are in line with the type of work to be completed.					
PRINT NAME:					
Position:					
Signature: Electronic Signatures acceptable Date:					
5. RGPS Station Man	ager Approval (Or their Delegate)				
I approve the applica	tions above in accordance with Territory Generation Requireme	ents.			
PRINT NAME:					
Position:					
Signature: Electronic Signatures acceptable Date:					