

SITE SENIOR EXECUTIVE ENDORSEMENT FORM

Board of Examiners Secretariat
Resources Safety and Health Queensland
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Please ensure you have sourced verification of your aptitude and preparedness from the relevant Site Senior Executive (SSE). For applications other than Open Cut Examiner, this form also needs to be sighted and signed by the Underground Mine Manager (UMM), provided the positions are held by different people. If this is a re-application for an oral examination, a letter addressing previous feedback must also be included.

Type of application: ☐ Written examination or ☐ Oral examination

Type of certificate:

- ☐ 1st Underground Coal Mine Manager
- ☐ 2nd Underground Coal Mine Manager
- ☐ Deputy
- ☐ Ventilation Officer
- ☐ Open Cut Examiner

To be completed by the SSE/UMM:

Applicant Name:

Current position held by the Applicant:

On the evidence as outlined in this application and from my knowledge of the applicant, I believe that (tick as appropriate):

- ☐ The applicant is adequately prepared to undertake the applicable examination for the Certificate of Competency specified above.
- ☐ The applicant's mining educational qualifications and work history meet the eligibility requirements of the Board.
- ☐ The applicant's knowledge of the *Coal Mining Safety and Health Act 1999* and the Coal Mining Safety and Health Regulation 2017 has been assessed by this company with a satisfactory outcome.
- ☐ The applicant has demonstrated a high level of ability to supervise a workforce safely in the context of the relevant mining environment (open cut or underground) and its hazards during the applicant's employment at the mine. (*Please provide a short statement on how the applicant has demonstrated this ability*)

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ORAL EXAMINATION – RE-APPLICATIONS: Tick the statements that apply to the candidate:

- ☐ (if applicable) The applicant was unsuccessful in their **first** oral examination, they have addressed the deficiencies set out in the Panel Chair's Examination Report and I have attached a letter detailing how each of the deficiencies has been actioned.
- ☐ (if applicable), The applicant returned a result **below 30% or** has been unsuccessful in **more than one** oral examination. They have addressed the deficiencies listed in the Panel Chair's Examination Report by incorporating the feedback in a detailed study programme approved by the Board, of which I have been provided a copy. I confirm the following outcomes of this study program have been achieved.

Comments if required:

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Name of Mining Operation:

Location of Mining Operation:

SSE Name (Print):

SSE Signature:

Phone No:

Date: / /

If applicable:

UMM Name (Print):

UMM Signature:

Phone No:

Date: / /