

# REFEREE'S STATEMENT

MEDICAL GAS WORK FOR INDIVIDUAL CONTRACTOR LICENCE (Q) /  
QUALIFIED SUPERVISOR CERTIFICATE /  
TRADESPERSON CERTIFICATE



Fair  
Trading

## FAIR TRADING

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### 1. Purpose of Referee's Statement

All applications for a licence in Medical Gas Installation or Medical Gas Technician categories of work must be accompanied by supporting statements from the applicant's supervisor verifying the applicant's experience in carrying out the work in accordance with relevant standards and codes to a standard to be issued a Contractor Licence / Qualified Supervisor Certificate (Q) / Tradesperson Certificate.

### 2. Responsibility of Person Providing Referee Statement

The person providing this statement must have:

- supervised the applicant carrying out Medical Gas installation or Medical Gas Technician.

Please note that the holder of a company or partnership licence cannot provide a referee's statement. Your attention is also drawn to the penalties outlined in the Declaration that may be imposed on any person found to be providing false or misleading information.

### 3. Referee's Details

Title	Given names ( <i>full legal name</i> )	Surname of Referee	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	<input type="text"/>		
Driver Licence Number	Expiry Date	State of Issue	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address ( <i>Not PO Box</i> )	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact telephone number	Mobile Number		
<input type="text"/>	<input type="text"/>		
Contractor Licence (Q) / Qualified Supervisor Certificate No. ( <i>if applicable</i> )	Category of Work		
<input type="text"/>	<input type="text"/>		
Email address	<input type="text"/>		

### 4. Employer Details (*Company, Partnership or Sole Trader*)

Note: Fair Trading cannot accept this referee statement if the employer details are not completed.

Name of Employer			
<input type="text"/>			
Address ( <i>Not PO Box</i> )	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact telephone number	Mobile Number		
<input type="text"/>	<input type="text"/>		
Contractor Licence No. ( <i>if applicable</i> )	Category of Work		
<input type="text"/>	<input type="text"/>		
Email address	<input type="text"/>		

In accordance with section 12 of the Licensing and Registration (Uniform Procedures) Act 2002 this referee statement document and any supporting attachments are part of the application form submitted by the applicant making application for an authority under the Home Building Act 1989.

## 5. Declaration

I,  (name of Referee),

### DECLARE THAT:

(full legal name of applicant) was supervised by me between the following dates (DD/MM/YYYY):  to  during which time the applicant was employed full-time  part-time  and the applicant held the position of

During this time the applicant gained  (insert number of months) experience and demonstrated competence in all of the areas I have ticked below, and is competent to be issued a Individual Contractor Licence (Q) Number / Qualified Supervisor Certificate / Tradesperson Certificate.

Please note that where experience is part-time the number of months experience gained should be a full-time equivalent eg 5 days per month for 4 months would be equivalent to 20 working days or 1 month.[1]

	Experience obtained by applicant	Tick each area where experience obtained by applicant
A	Identify Work Health and Safety Requirements	<input type="checkbox"/>
B	Read & Interpret Plans & Specifications	<input type="checkbox"/>
C	Plan, Size & Layout of Recirculation Pipeline of Medical Gas Systems	<input type="checkbox"/>
D	Installation of Medical Gas System	<input type="checkbox"/>
E	Installation of Medical Air Systems	<input type="checkbox"/>
F	Installation of Medical Suction System	<input type="checkbox"/>
G	Commissioning, Testing, Verification and Certification of Medical Gas System	<input type="checkbox"/>
H	Commissioning, Testing, Verification and Certification of Air Systems	<input type="checkbox"/>
I	Commissioning, Testing, Verification and Certification of Medical Suction Systems	<input type="checkbox"/>
J	Connecting to existing Medical Gas Systems	<input type="checkbox"/>
K	Termination of NIST Connector	<input type="checkbox"/>
L	Installation of Wall Outlet	<input type="checkbox"/>
M	Identification & Labelling of Medical Gas System	<input type="checkbox"/>
N	Testing & Verification of Medical Gas System	<input type="checkbox"/>

Please note that to be a licensee for any of the categories listed below applicants must have 2 years experience covering all areas indicated with an **X** for any of the categories that the applicant applies for. [2]

Category of Work	A	B	C	D	E	F	G	H	I	J	K	L	M	N
Medical Gasfitter	X	X	X	X	X	X				X	X	X	X	X
Medical Gas Technician	X	X					X	X	X				X	

In providing the above information I also declare that:

- The applicant was supervised by me carrying out the work I have ticked above in accordance with relevant industry standards and codes.
- Making a false or misleading statement, giving false or misleading information, or producing false or misleading documents is a serious offence which may render you liable to prosecution for offences including under the *Crimes Act* which may result in penalties including a fine or imprisonment.
- I understand that the provision of false or misleading information may result in Fair Trading assessing me as not being a fit and proper person under the *Home Building Act, 1989* that could result in disciplinary action and/or impact my ability to renew any authorities I hold.
- I have read and understood the information provided in Section 1 "Purpose of Referee's Statement" and Section 2 "Responsibility of Person making a Referee Statement".
- I authorise Fair Trading to make the necessary enquiries with any organisation or individual to verify the information I have provided on this form and any organisation or individual to disclose relevant information to Fair Trading for these purposes.

Signature of Referee:

Date Signed

**Note to Applicant:** To further assist in assessing your practical experience, you may be required to provide evidence of your employment as outlined in this Referee Statement such as group certificates or pay docket. You may also include other supporting documentation including your Profile Report, Employer Statements or any other information you wish to be considered. Where this information is not provided, a written and signed statement as to the reasons why the evidence of your employment is not available, may be requested by Fair Trading.