

Application for Short Range Operator Certificate of Proficiency (SROCP) Answer Sheet

Delegation/Release of Information to Third Party

An agreement between the Australian Communications and Media Authority (ACMA) and the University of Tasmania (UTAS); delegates the powers to issue certificates of proficiency under subsection 122A (1) of the *Radiocommunications Act 1992 (Cth)* (the 'Act'). The Australia Maritime College (AMC), an institute of UTAS, provides the service for issuing certificates. *The Privacy Act 1988 (Cth)* (the Privacy Act) imposes obligations on the ACMA in relation to the collection, security, quality, access, use and disclosure of personal information. These obligations are detailed in the Australian Privacy Principles. As the delegate of the ACMA for the purpose of issuing marine radio certificates of proficiency, these obligations also apply to AMC.

AMC may collect personal information if it is reasonably necessary for, or directly related to, one or more functions or activities as delegated by the ACMA. The purpose of the collection of the personal information in this application form is to issue you with a marine radio certificate of proficiency. This information is required to ensure that certificates of proficiency issued under subsection 121 (1) of the Act are compliant with the Radio Regulations of the International Telecommunication Union. The AMC will not use the information for any other purpose, nor will we disclose it, unless we have your consent or we are otherwise permitted to do so under the Privacy Act. If you do not provide the information, we will be unable to process your application for a certificate of proficiency (refer the back of this form for further information regarding incomplete applications). Further information on the Privacy Act and the ACMA Privacy policy is available at www.acma.gov.au/privacypolicy or may be accessed from www.amc.edu.au/privacy-policy. The Privacy policy contains details about how you may access personal information about you that is held by the AMC, or seek the correction of such information. AMC contact details are located at the top of this form. It also explains how you may complain about a breach of the Privacy Act and how we will deal with such a complaint. In accordance with the Privacy Act, if you require the result of your examination to be released to your invigilator and/or training provider **you must give permission**. Please indicate with a mark your response.

I permit the release of my name and results to my invigilator and/or training provider.

YES

NO

Applicant Details (minimum age is 16 years)	
Surname (please print):	
Given Names:	
Mr: Ms: Other:	
Date of Birth:	
Please supply at least one contact detail	Phone: ()
	Mobile:
	Email:
Address (postal)	
State:	Postcode:
Declaration	
I certify that I have the ability to correctly send and receive messages by radiotelephony. To the best of my knowledge, the information given by me on this application is true and correct in every detail.	
_____	_____
Signature of Applicant	Date

Photo - name on back and certified by Invigilator	
<ul style="list-style-type: none"> Please supply one current, colour passport size photograph of yourself (no hats, sunglasses or other obstructions). Endorsement: Print your name clearly on the back of the photograph and have it signed by the Examination Invigilator. 	Place photo in plastic bag, do not attach in any form it affects the quality of the photo
Examination Details - Refer to Invigilator	
Invigilator:	
Place	
Day:	Date:
Optional - Primary reason for applying for certificate <input checked="" type="checkbox"/> one	
For work related use	
Leisure Activities	
For purposes of volunteer marine/radio organisations	

This section OMC Office use only:	
Date Received:	Date Accepted:
Receipt:	
Result: /25 = % Pass Fail	
Examiner:	
Certificate Number:	
Date Result Notified:	
Exam Paper Number S__ - _____	

Fees: Payable on Application. The fee payable is the current fee as published on our website www.amcom.amc.edu.au. Late payment will be the published charges at date of payment.
 Please choose one option:

- By the Invigilator/Training Organisation
 By me – cheque/money order payable to: University of Tasmania ABN 30 764 374 782
 By me – Visa or MasterCard, details below.
 By me – online payment at www.amcom.amc.edu.au Receipt Number: _____

Card Holder's Name: _____ Signature: _____ **OMC002 (May 2016)**

Card Number: _____ Expiry Date: mm/yy ____ / ____ Amount: \$ _____

Short Range Operator Certificate of Proficiency (SROCP) Answer Sheet

Student's Name: _____ Examination Paper: S _____

INSTRUCTIONS: With a dark lead pencil or ink pen (NO Fluorescent or felt pens) shade in the oval under the letter for the answer. If you change your mind either erase the incorrect answer or put a "X" through it and then shade in the correct answer.

Example:

A	B	C	D
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25.

A	B	C	D
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DETACH HERE

IMPORTANT NOTE: Incomplete Application/Answer Sheet

To ensure an application is processed in a timely manner, please make sure that the form is completed correctly and that the correct fee has been paid. Incomplete applications will not be accepted. On receipt of an incomplete application, a request will be sent to provide the necessary information/payment within 30 days. If the application has not been completed within 30 days of this request, the application and examination paper will be cancelled and the payment will be forfeited, unpaid applications will incur an outstanding debt.