StayLive Work Authority Recipient – Employer Attestation

This form is to be completed by the employer to confirm the employee named is certified Work Capable and able to undertake StayLive Work Authority (WA) Recipient responsibilities.

Employee Name (Exactly as SCT)	
Organisation	
People Leader*	
Date	

Confirmation of Practice

The employer attests that the employee:

☐ Has actively performed the role of Work Authority Recipient, as defined in the StayLive Work Authority Work Control Procedure and demonstrates ongoing practice consistent with maintaining capability (benchmark: at least 3 Work Authorities in the past 24 months), with no major non-compliances identified.

Note: It is the employer's responsibility to validate records of Work Authorities completed within the 24-month period.

Competency Attributes

The individual consistently demonstrates the following **WA Recipient responsibilities** (tick to confirm):

1. Preparing for the Task

☐ Prework planning required for the task has been considered and identified.
☐ Correctly identifies equipment and describes work to be done.
☐ Ensures WA form is completed correctly.

2. Collaboration

☐ Develops a shared understanding with the Issuer on correct WCP and provisions.

3. Risk Mitigation

☐ Demonstrates understanding of WA risks as a minor works management system.

4. Recipient Applied Safety Measures

☐ Works with the Issuer to confirm if RASMs are required and, if so, where.
☐ Identifies isolation points, required hardware, and applies safely.
☐ Records, manages, and removes RASMs correctly.

5. Recipient Responsibilities

☐ Understands that the Recipient is the Work Party Supervisor.
☐ Provides an appropriate level of supervision at all times, considering work party capability and risk.

6. Close-out

☐ Restores the worksite state, removes RASMs, updates WIP board, and undertakes return to service checks prior to WA return.

7. Returning the WA

☐ Returns the WA as agreed (daily or within 14 days).
☐ Demonstrates understanding of other triggers that require WA return.

Employer Declaration

I confirm that the employee named above:

- Has demonstrated the required skills, behaviours, and practice expected of a competent WA Recipient.
- Meets the ongoing requirements for Certified status under the StayLive framework.

People Leader* Signed

_____	_____	_____
First name | Last Name	Signed	Date

**This attestation is to be completed by the person responsible for guaranteeing the named employee's competency. E.g., employer, manager or sole trader self-attestation and is valid for 2 years from the signatory date above.*

Additional Note for Employers

If, in completing this attestation, the employer determines that the named employee:

- Does **not yet meet** the criteria for Certified status, OR
- No longer demonstrates ongoing practice and competence as a WA Recipient, then the following applies:

Reversion to Provisional Status

1. Confirm the requirement to maintain a StayLive WA Recipient certification. If confirmed, move to Step 2.
2. The individual will revert to StayLive WA Recipient – Provisional status.
3. During the Provisional phase:
    - They must complete and log **at least 3 Work Authorities** within a 24-month period.
    - They will work under **general supervision** and receive **coaching / performance support** from Issuers and supervisors.
    - Their progression back to **Certified** status will follow the **standard pathway** requirements.

For any questions, concerns, or further clarification, please refer to the WCP Group page for guidance or contact the appropriate member company representative listed there.

https://www.staylive.nz/Site/staylive/Working-Groups/current-working-groups/work-control-procedures.aspx