

# Low Voltage Switchboard Rescue Course



## College of Electrical Training (CET)

9 Cressall Rd, Balcatta WA 6021  
PO Box 811, Balcatta WA 6914  
Ph (08) 9240 7700 Fax (08) 9240 4349

5 Avior Avenue, Jandakot WA 6164  
PO Box 3857, Success WA 6469  
Ph (08) 9417 8166 Fax (08) 9417 8766

[www.cet.asn.au](http://www.cet.asn.au)

*Connect Your Mind*

24/10/2011

## Course Overview

This course has been developed at the request of industry to address a problem for both management and workers alike. It is a commonly known fact that a high percentage of electrical accidents in industry involve persons working in or in close proximity to an electrical switchboard. Often the worker on hand at the time of the accident is not trained in the rescue process involving someone in contact with electrical conductors. This course endeavours to address that problem.

## Course Content

This course introduces the lay person to basic electrical safety and life support. It examines the principles of working safely in confined spaces, hazard identification, effects of electric shock, first aid for persons suffering from electrocution, rescue and resuscitation. It also introduces person to a Low Voltage Switchboard Rescue Kit and examines its use in an emergency.

## Course Delivery

The Low Voltage Switchboard Rescue course is delivered by instructors experienced in the procedures to follow where someone has received an electric shock. It will provide students with the skills and confidence to act quickly and correctly in a potentially life threatening situation.

## Course Duration

4 hours

## Certification

A Certificate of Completion will issued on successful completion of the course.

## Course Fees

\$135.00

## How to Enrol

Simply complete the course registration form and return it to the CET together with your payment.

## Skills Recognition

Our Skills Recognition process benefits students, who have achieved prior training skills or knowledge and applies to Skills Recognition, Recognition of Prior Learning (RPL), Credit Transfer, Advanced Study or Exemption.

If you believe you are entitled to any of the abovementioned we encourage you to fill out the Application Form for Skills Recognition, which is available from our administration team. Your application will be assessed on an individual basis.

This course is only run on demand so therefore it will be subject to numbers. Please complete and return the

registration form to register your interest, once we have enough people interested in the course we will schedule a date.

## Cancellation Policy

8 days or more prior to course commencement 100% fee refund

2 to 7 days prior to course commencement 90% fee refund

1 day or less prior to course commencement Nil fee refund

Should you have any queries please do not hesitate to contact:

### Balcatta Campus

Phone: (08) 9240 7700

Email: admin4@cet.asn.au

### Jandakot Campus

Phone: (08) 9417 8166

Email: admin14@cet.asn.au

Please forward the registration form with your payment to:

See address details on front page



## Registration Form - Low Voltage Switchboard Rescue Course

Balcatta Campus  Jandakot Campus

How did you find out about the CET?

\_\_\_\_\_  
Surname \_\_\_\_\_  
First Name \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Private Address \_\_\_\_\_  
Suburb \_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone \_\_\_\_\_  
Mobile \_\_\_\_\_  
E-mail \_\_\_\_\_  
Facsimile \_\_\_\_\_  
Company \_\_\_\_\_  
Company Address \_\_\_\_\_  
Company Ph No. \_\_\_\_\_  
Course Date \_\_\_\_\_

### Course Fees—Fees are subject to change

Please find enclosed my cheque / money order / credit card authority / company purchase order payable to the CET for (please tick):

Fee \$135.00

Total Payment Enclosed: \$ \_\_\_\_\_

Paid by (if other than student, please provide name and address details)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order to guarantee your booking for any course your payment and registration must be completed. Under no circumstances will registration without payment entitle you to a position.



## Credit Card Payment Authority

Description of Purchase: \_\_\_\_\_

Please debit my (please tick) MasterCard   
Visa Card   
Bankcard

Account in the Name of: \_\_\_\_\_

Card No.: \_\_\_\_\_

Card Expiry Date: \_\_\_\_/\_\_\_\_

For the amount of: \$ \_\_\_\_\_

Amount in words: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Date / /

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