



Trades Recognition for Electrical Trades

Electrician (General)
ANZSCO 341111

Electrician (Special Class)
ANZSCO 341112

- Registration Form -

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Trades Recognition Australia (TRA)

Continuous Improvement

Amendments to this document may be produced on an ad hoc basis as the need arises.

Amendments to this document will include changes that are required as a result of:

- Feedback from stakeholders;
- Changes to legislative requirements;
- Changes to College of Electrical Training (CET) policies and procedures.

Validation

This document will undergo validation every 12 months. Validation will be facilitated by the CET Development Team. Upon completion of the validation process, amendments will be made to the document or a new version of the document will be produced.

Disclaimer

Whilst every effort has been made to ensure the accuracy of the information contained in this document, no guarantee can be given that all errors and omissions have been excluded. No responsibility for loss occasioned to any person acting or refraining from action as a result of the material in this document can be accepted by the College of Electrical Training.

Feedback

We value your opinion and welcome suggestions on how we could improve this document.

Send your comment(s) or suggestion(s) to:

College of Electrical Training

PO Box 3857

SUCCESS WA 6964

Ph: (08) 9417 8166

Fax: (08) 9417 8766

OCCUPATION AND CODE

Please select one or more of the following:

Electrician (General)	ANZSCO 341111	<input type="checkbox"/>
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Installs, tests, connects, commissions, maintains and modifies electrical equipment, wiring and control systems. Registration or licensing is required.

Electrician (Special Class)	ANZSCO 341112	<input type="checkbox"/>
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Services and repairs intricate and complex electrical and electronic circuitry. Registration or licensing is required.

PERSONAL DETAILS

Family Name	Given Name
Other Names	Date of Birth (dd/mm/yyyy)

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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Passport Number	Country of Citizenship
Visa Subclass	Residency Status

Home Address			
		Post/Zip Code	
State		Country	Australia

Postal Address (if different from the home address)			
		Post/Zip Code	
State		Country	

Contact Details			
Phone		Fax	
Mobile/Cell phone			
Email			

Unique Student Identifier (USI)	
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FORMAL TRAINING

Qualification/Training Program 1

Title of Qualification/Training Program

Name of Awarding Institute or Authority

Address of Awarding Institute or Authority

Post/Zip Code

State

Country

Period of Study

From (dd/mm/yyyy)

To (dd/mm/yyyy)

Type of Training

Full-time

Part-time

Total Course Duration (hours)

Was this qualification/training program part of an apprenticeship?

Yes (give employer details below)

No

Company Name

Company Address

Post/Zip Code

State

Country

Note: Please attach a certified copy of any qualification and/or academic transcript detailed above.

FORMAL TRAINING

Qualification/Training Program 2

Title of Qualification/Training Program

Name of Awarding Institute or Authority

Address of Awarding Institute or Authority

Post/Zip Code

State

Country

Period of Study

From (dd/mm/yyyy)

To (dd/mm/yyyy)

Type of Training

Full-time

Part-time

Total Course Duration (hours)

Was this qualification/training program part of an apprenticeship?

Yes (give employer details below)

No

Company Name

Company Address

Post/Zip Code

State

Country

Note: Please attach a certified copy of any qualification and/or academic transcript detailed above.

INFORMAL TRAINING AND/OR ON-THE-JOB TRAINING

Training Program 1

Title of Training Program

Name of Employer or Institute

Address of Awarding Employer or Institute

	Post/Zip Code	
State	Country	

Period of Study

From (dd/mm/yyyy)		To (dd/mm/yyyy)	
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Type of Training

Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>
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Total Course Duration (hours)	
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Training Program 2

Title of Training Program

Name of Employer or Institute

Address of Awarding Employer or Institute

	Post/Zip Code	
State	Country	

Period of Study

From (dd/mm/yyyy)		To (dd/mm/yyyy)	
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Type of Training

Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>
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Total Course Duration (hours)	
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Note: Please attach a certified copy of any training detailed above.

RELEVANT LICENCES OR INDUSTRY MEMBERSHIP

Licence/Membership 1

Title of Licence/Registration

Issuing Authority

Issue Date (dd/mm/yyyy)

Expiry Date (dd/mm/yyyy)

Licence/Membership 2

Title of Licence/Registration

Issuing Authority

Issue Date (dd/mm/yyyy)

Expiry Date (dd/mm/yyyy)

Licence/Membership 3

Title of Licence/Registration

Issuing Authority

Issue Date (dd/mm/yyyy)

Expiry Date (dd/mm/yyyy)

Licence/Membership 4

Title of Licence/Registration

Issuing Authority

Issue Date (dd/mm/yyyy)

Expiry Date (dd/mm/yyyy)

Note: Please attach a certified copy of any licence or membership detailed above.

EMPLOYMENT SUMMARY

How long have you been working in the nominated trade area?

	Years		Months
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When did you last work in the nominated trade area?

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EMPLOYMENT DETAILS

Employer 1

Position Description

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Nature of Company's Business

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Worked under Direct Supervision

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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How many hours per week did you work?

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Period of Employment

From (dd/mm/yyyy)		To (dd/mm/yyyy)	
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Company's Name

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Company's Address

--

--

	Post/Zip Code	
State		Country

Company's Email

--

Company's Phone Number

()

Contact Person

--

Position Held by Contact Person

Employer	<input type="checkbox"/>	Other (specify)	
Manager	<input type="checkbox"/>		
Supervisor	<input type="checkbox"/>		

Note: Please attach a certified copy of evidence of employment for each employer.

EMPLOYMENT DETAILS

Employer 2

Position Description

--

Nature of Company's Business

--

Worked under Direct Supervision

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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How many hours per week did you work?

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Period of Employment

From (dd/mm/yyyy)		To (dd/mm/yyyy)	
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Company's Name

--

Company's Address

--

--

	Post/Zip Code	
State		Country

Company's Email

--

Company's Phone Number

()

Contact Person

--

Position Held by Contact Person

Employer	<input type="checkbox"/>	Other (specify)	
Manager	<input type="checkbox"/>		
Supervisor	<input type="checkbox"/>		

Note: Please attach a certified copy of evidence of employment for each employer.

EMPLOYMENT DETAILS

Employer 3

Position Description

--

Nature of Company's Business

--

Worked under Direct Supervision

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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How many hours per week did you work?

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Period of Employment

From (dd/mm/yyyy)		To (dd/mm/yyyy)	
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Company's Name

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Company's Address

--

--

	Post/Zip Code	
State		Country

Company's Email

--

Company's Phone Number

()

Contact Person

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Position Held by Contact Person

Employer	<input type="checkbox"/>	Other (specify)	
Manager	<input type="checkbox"/>		
Supervisor	<input type="checkbox"/>		

Note: Please attach a certified copy of evidence of employment for each employer.

APPLICANT'S DECLARATION

<input type="checkbox"/>	The information I have supplied on this form and in attachments is true and correct.
<input type="checkbox"/>	I have included the required documents as listed on the Required Document Checklist and all documents are genuine.
<input type="checkbox"/>	All the evidence I have provided relates to me and my work and can be verified.
<input type="checkbox"/>	I have read and understood the information supplied to me in the Guides and Factsheets accompanying this application.
<input type="checkbox"/>	I will inform the College of Electrical Training of any changes to my circumstances in writing (e.g. address) while my application is being considered.
<input type="checkbox"/>	I authorise the College Of Electrical Training to make any enquiries necessary to assist in the assessment of my skills (including contacting training institutions, employers or other authorities) and to use any information supplied for that purpose.
<input type="checkbox"/>	I understand that the College Of Electrical Training may verify information relating to this application with any Australian state or territory licensing or training authority.
<input type="checkbox"/>	I understand that the College Of Electrical Training may provide the Department of Education, the Department of Employment (Australia), the Department of Immigration and Border Protection (Australia) or the Australian Taxation Office with any of the information supplied in this application.
<input type="checkbox"/>	I understand that documentation and information submitted in support of my application may be referred to the Department of Immigration and Border Protection (Australia) for integrity checking.
<input type="checkbox"/>	I understand that the Department of Immigration and Border Protection (Australia) may, where relevant, take into account any information referred to it by the College Of Electrical Training in the assessment of my application for a visa.
<input type="checkbox"/>	I understand that my photograph may be taken and/or videotaping/recording may occur during the assessment. This may be used for identity check and/or for assessment purposes.
<input type="checkbox"/>	I acknowledge that if I undertake a practical assessment it is at my own risk and that it is my responsibility to adhere to safe work practices during the scheduled practical assessment. I acknowledge that it is my responsibility to ensure that at all times during the assessment activities that I work safely when working on my own and when working with others, and while using any tools and equipment. I agree that the College Of Electrical Training and any third party providing services in respect of or hosting the assessments is not liable in respect of any personal injury, death or property damage arising during the course of the assessments.

Applicant's Signature	Date (dd/mm/yyyy)

REQUIRED DOCUMENT CHECKLIST

Identity Documents

- | | |
|--------------------------|---|
| <input type="checkbox"/> | One (1) recent photograph – passport size, certified and dated |
| <input type="checkbox"/> | Birth certificate or Passport – passport page must show applicant name, photo and date of birth |
| <input type="checkbox"/> | Change of name evidence (if applicable) |
| <input type="checkbox"/> | Copy of completed TradeSET evaluation with the skills assessment identification number |
| <input type="checkbox"/> | Unique Student Identifier (USI) |

Training and Licences

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Certified evidence of training and/or qualifications |
| <input type="checkbox"/> | Certified evidence of academic transcripts |
| <input type="checkbox"/> | Certified English translation of the above documents, compiled by a registered translation service, if originally issued in a language other than English |
| <input type="checkbox"/> | Certified evidence of recognition of skills, e.g. licences, registration, industry membership |

Employment

- | | |
|--|---|
| <input type="checkbox"/> | An employment statement for each period of employment |
| You should also submit the following documentary evidence to support each period of employment you are claiming: | |
| <input type="checkbox"/> | Taxation record/Assessment notice |
| <input type="checkbox"/> | Annual payment summary/Group certificate |
| <input type="checkbox"/> | Pay slips |
| <input type="checkbox"/> | Bank statements |
| <input type="checkbox"/> | Superannuation employer contributions |
| <input type="checkbox"/> | Position description |

Other

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Completed form signed and dated |
| <input type="checkbox"/> | Payment for training and employment check |
| <input type="checkbox"/> | Resumè/Curriculum vitae |

Note 1: If your documents are not in English, you will need to have them translated in to English. In this case you will need to submit certified copies of the original documents as well as the English translations. Please note that a registered translation service must be used.

Note 2: Depending on your circumstances the College of Electrical Training may require additional documents to be presented.

