



national electrical and communications association

Trades Recognition for Electrical Trades

Electrician (General)
ANZSCO 341111

Electrician (Special Class)
ANZSCO 341112

- Request for Appeal -
- Application 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.

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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

HOW TO SUBMIT THE FORM

Please complete this form to lodge an outcome appeal. Additional evidence not supplied in the original application cannot be used in the appeal process. A request for appeal must be lodged within ninety (90) days of the original reassessment date. After this period, applications must be lodged in full and paid for again. Please note that the appeal results are final.

To lodge this application form:

- Complete the form using BLOCK letters;
- Sign and date the form;

Note: Applicant signature must match the signature as it appears on the original application.

- Post or personally deliver the form to the **College of Electrical Training**.

REQUEST FOR APPEAL

<input type="checkbox"/>	Training and Employment Check	\$
<input type="checkbox"/>	Practical Demonstration	\$
<input type="checkbox"/>	Postage (if applicable)	\$

PERSONAL DETAILS

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

Unique Student Identifier (USI)	
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Postal Address			
		Post/Zip Code	
State		Country	

Contact Details			
Phone		Fax	
Mobile/Cell phone			
Email			

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

FEES AND PAYMENT

Payment Method

<input type="checkbox"/> MasterCard <i>(complete below)</i>	<input type="checkbox"/> VISA <i>(complete below)</i>
<input type="checkbox"/> Bank draft or bank cheque	<input type="checkbox"/> Money order

Credit Card Payment

I *(name of cardholder)*

authorise the College of Electrical Training to debit my credit card with the amount of

\$.		
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with words

as payment for processing my **Request for Appeal Application Form**. I understand that the fee is non-refundable.

Credit Card Number														
Expiry Date							Credit Card Validation Code <i>(the last three digits of the number printed on the signature panel)</i>							

Name of Applicant <i>(if different from the cardholder)</i>	
Signature of Cardholder	Date <i>(dd/mm/yyyy)</i>

Note: Authorisations missing any of the above information will not be processed.

SUBMIT APPLICATION



Send your application with all required documentation and fees to:
College of Electrical Training - Joondalup Campus
 20 Injune Way, JOONDALUP
 PO Box 4, JOONDALUP DC, Western Australia 6919

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