



# Trades Recognition for Electrical Trades

Electrician (General)  
ANZSCO 341111

Electrician (Special Class)  
ANZSCO 341112

**- Registration Form -**



## OCCUPATION AND CODE

Please select one or more of the following:

<b>Electrician (General)</b>	<b>ANZSCO 341111</b>	<input type="checkbox"/>
------------------------------	----------------------	--------------------------

Installs, tests, connects, commissions, maintains and modifies electrical equipment, wiring and control systems. Registration or licensing is required.

<b>Electrician (Special Class)</b>	<b>ANZSCO 341112</b>	<input type="checkbox"/>
------------------------------------	----------------------	--------------------------

Services and repairs intricate and complex electrical and electronic circuitry. Registration or licensing is required.

## PERSONAL DETAILS

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

<b>Male</b>	<input type="checkbox"/>	<b>Female</b>	<input type="checkbox"/>	<b>Indeterminate/Intersex/Unspecified</b>	<input type="checkbox"/>
-------------	--------------------------	---------------	--------------------------	---	--------------------------

<b>Passport Number</b>	<b>Country of Citizenship</b>
<b>Visa Subclass</b>	<b>Residency Status</b>

<b>Home Address</b>			
		<b>Post/Zip Code</b>	
<b>State</b>		<b>Country</b>	Australia

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

<b>Contact Details</b>			
<b>Phone</b>		<b>Fax</b>	
<b>Mobile/Cell phone</b>			
<b>Email</b>			

<b>Unique Student Identifier (USI)</b>	
--	--

## FORMAL TRAINING

### Qualification/Training Program 1

**Title of Qualification/Training Program**

--

**Name of Awarding Institute or Authority**

--

**Address of Awarding Institute or Authority**

--

	<b>Post/Zip Code</b>	
<b>State</b>	<b>Country</b>	

**Period of Study**

<b>From</b> <i>(dd/mm/yyyy)</i>		<b>To</b> <i>(dd/mm/yyyy)</i>	
---------------------------------	--	-------------------------------	--

**Type of Training**

<b>Full-time</b>	<input type="checkbox"/>	<b>Part-time</b>	<input type="checkbox"/>
------------------	--------------------------	------------------	--------------------------

**Total Course Duration** *(hours)*

--	--

**Was this qualification/training program part of an apprenticeship?**

<b>Yes</b> <i>(give employer details below)</i>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
---	--------------------------	-----------	--------------------------

**Company Name**

--

**Company Address**

--

	<b>Post/Zip Code</b>	
<b>State</b>	<b>Country</b>	

**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**

--

	<b>Post/Zip Code</b>	
<b>State</b>	<b>Country</b>	

**Period of Study**

<b>From</b> (dd/mm/yyyy)		<b>To</b> (dd/mm/yyyy)	
--------------------------	--	------------------------	--

**Type of Training**

<b>Full-time</b>	<input type="checkbox"/>	<b>Part-time</b>	<input type="checkbox"/>
------------------	--------------------------	------------------	--------------------------

**Total Course Duration** (hours)

--	--

**Was this qualification/training program part of an apprenticeship?**

<b>Yes</b> (give employer details below)	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
--	--------------------------	-----------	--------------------------

**Company Name**

--

**Company Address**

--

	<b>Post/Zip Code</b>	
<b>State</b>	<b>Country</b>	

**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**

	<b>Post/Zip Code</b>	
--	----------------------	--

--	--	--

<b>State</b>		<b>Country</b>	
--------------	--	----------------	--

**Period of Study**

**From** (dd/mm/yyyy)

--	--

**To** (dd/mm/yyyy)

**Type of Training**

**Full-time**

**Part-time**

**Total Course Duration** (hours)

### Training Program 2

**Title of Training Program**

**Name of Employer or Institute**

**Address of Awarding Employer or Institute**

	<b>Post/Zip Code</b>	
--	----------------------	--

--	--	--

<b>State</b>		<b>Country</b>	
--------------	--	----------------	--

**Period of Study**

**From** (dd/mm/yyyy)

--	--

**To** (dd/mm/yyyy)

**Type of Training**

**Full-time**

**Part-time**

**Total Course Duration** (hours)

**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
--	-------	--	--------

**When did you last work in the nominated trade area?**

--



## EMPLOYMENT DETAILS

### Employer 1

#### Position Description

--

#### Nature of Company's Business

--

#### Worked under Direct Supervision

Yes

No

#### How many hours per week did you work?

--

#### Period of Employment

From (dd/mm/yyyy)

--

To (dd/mm/yyyy)

--

#### Company's Name

--

#### Company's Address

--

--

State

--

Post/Zip Code

--

Country

--

#### Company's Email

--

#### Company's Phone Number

(      )

--

#### Position Held by Contact Person

Employer

Other (specify)

--

Manager

Supervisor

**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

No

#### How many hours per week did you work?

--	--

#### Period of Employment

From (dd/mm/yyyy)

To (dd/mm/yyyy)

--	--	--	--

#### Company's Name

--

#### Company's Address

		<b>Post/Zip Code</b>	
<b>State</b>		<b>Country</b>	

#### Company's Email

--

#### Company's Phone Number

(      )

#### Contact Person

--

#### Position Held by Contact Person

Employer

Other (specify)

Manager

Supervisor

**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

No

#### How many hours per week did you work?

--	--

#### Period of Employment

From (dd/mm/yyyy)

--	--	--	--

To (dd/mm/yyyy)

#### Company's Name

--

#### Company's Address

--

--

	<b>Post/Zip Code</b>	
--	----------------------	--

State

	<b>Country</b>	
--	----------------	--

Country

#### Company's Email

--

#### Company's Phone Number

(      )

--	--

#### Contact Person

--

#### Position Held by Contact Person

Employer

Other (specify)

--	--	--	--

Manager

Supervisor

**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"/> | 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.

**DOCUMENT REGISTER**

Please number and list all additional documents attached to registration form.

Number	Document Description

**SUBMIT APPLICATION**

Send your application with all required documentation to:  
**College of Electrical Training - Joondalup Campus**  
20 Injune Way, JOONDALUP  
PO Box 4, JOONDALUP DC, Western Australia 6919  
RTO Code 2394  
15/07/2020  
Page 14 of 14