## **COURSE ENROLMENT FORM**





RTO code 2394 | The Electrical and Communications Association of Western Australia Inc (ECA WA), trading as College of Electrical Training.

I. COURSE INFORMATION	
Course name:	
Course date(s):	
Campus: Joondalup Jandakot	
. LEARNER DETAILS	
- irst name(s):	Middle name:
Surname:	Date of birth:
Gender: (Tick ONE box only) Male Fem	ale Other
Jnique Student Identifier (USI):	I give permission for ECA WA (trading as CET) to complete a USI check: (tick box)
f you do not have a USI please visit usi.gov.au or scan the QR code to register and record your number here once completed.	Sign:
EARNER CONTACT DETAILS	
Phone number:	Email:
TREET ADDRESS Street number / Name	
Suburb	State Post Code
OSTAL ADDRESS Street number / Name / PO Box Same as street address Suburb	State Post Code
Emergency/Next of Kin contact details:	
Name:	Phone number:
PRE-REQUISITES	

Do you have any of the following? (Please provide proof that you meet any relevant course requirements with this enrolment form - make sure you attach copies of the relevant licences. A list of pre-requisites can be found on the course page at cet.asn.au.)

Certificate III in Electrotechnology or equivalent

Current WA Unrestricted Electricians or Training Licence or equivalent issued in an Australian State or Territory.

EW Licence Number - please specify:

Other - please specify:

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How did you find out about CET?

Will your emp	oloyer be paying f	or the enrolment?	Yes	No (skip section 3)
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### 3. BUSINESS DETAILS (if applicable) Company Name (as per ABN/ACN): Registered Trading Name: ACN: ABN: **BUSINESS CONTACT DETAILS Booking contact** Phone number: Name: Email address: Accounts contact Phone number: Name: Email address: POSTAL ADDRESS Street number / Name / PO Box Suburb State Post Code STREET ADDRESS Street number / Name / PO Box Same as postal Suburb address Post Code State 4. COURSE FEE AND PAYMENT OPTIONS Course fee: \$ Relevant membership number\* (if applicable): \* CET will verify membership discount eligibility. **PAYMENT OPTIONS** Company purchase order PO Number:

This training is being paid by the:

Phone the office on (08) 9233 5000 to pay via credit card

Learner

Credit card

Business (as per details provided at Q3)

# **COURSE** ENROLMENT FORM

I am currently working in the building and construction industry

Name of employer:

Signature:

Date:

Signature:

To enrol, please complete and return this form, along with copies of your pre-requisites (if applicable), to the relevant campus. Your enrolment is not guaranteed until payment and registration has been received.



(full name)

#### **5. FEE SUBSIDY DECLARATION** (only applicable for courses that are eligible for CTF funding)

I am currently unemployed and have worked in the building and construction industry in the past 6 months

Persons working in the mining industry, for the government or the armed service are not eligible for the subsidy.

Please note: If the CTF denies this subsidy application you will be required to pay the full (non-subsidised) fee immediately.

The CTF subsidy reduces the student fee by up to 7	70 % (or 80% if u	undertaken regionally)	
Check the relevant course page to see if the course is eligible		Review the CTF Eligibility Fact Sheet at ctf.wa.gov.au or scan the QR code to make sure you are eligible for the subsidy.	
6. DECLARATION / TERMS & CONDITIONS			
have read and agree to the Code of Conduct, all te au or by scanning the QR code. I authorise CET to re Name:	cord my USI nur	ions, and policies that apply to this course, availabl nber when submitting my claim to CTF. Date:	le at cet.asn.
idino.		buto.	



cet.asn.au