

COURSE ENROLMENT FORM

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.

RT0 code 2394 | Electrotechnology Training Institute Limited, trading as College of Electrical Training.



COLLEGE OF
ELECTRICAL
TRAINING



1. COURSE INFORMATION

Course name:

Course date(s):

Campus: Joondalup Jandakot

2. LEARNER DETAILS

First name(s):

Middle name:

Surname:

Date of birth:

Gender: (Tick ONE box only) Male Female Other

Unique Student Identifier (USI):

I give permission for Electrotechnology Training Institute (ETI), trading as College of Electrical Training (CET) to complete a USI check: (tick box)

If 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:

LEARNER CONTACT DETAILS

Phone number:

Email:

STREET ADDRESS Street number / Name

Suburb State Post Code

POSTAL 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 employer be paying for the enrolment?

Yes

No *(skip section 3)*

3. BUSINESS DETAILS (if applicable)

Company Name (as per ABN/ACN):

Registered Trading Name:

ABN:

ACN:

BUSINESS CONTACT DETAILS

Booking contact

Name:

Phone number:

Email address:

Accounts contact

Name:

Phone number:

Email address:

POSTAL ADDRESS Street number / Name / PO Box

Suburb

State

Post Code

STREET ADDRESS Street number / Name / PO Box

Same as
postal
address Suburb

State

Post Code

4. COURSE FEE AND PAYMENT OPTIONS

Course fee: \$

Relevant membership number* (if applicable):

* CET will verify membership discount eligibility.

PAYMENT OPTIONS

Credit card

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

Company purchase order PO Number:

This training is being paid by the:

Learner

or

Business (as per details provided at Q3)

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5. LANGUAGE, LITERACY, NUMERACY AND DIGITAL SUPPORT ASSESSMENT

Do you have any learning difficulties? Yes No

How well do you read and write English? Poorly Ok Reasonably well Fluent

Can you count to 100 in English? Yes No

Can you use a computer? Poorly Ok Reasonably well

6. FEE SUBSIDY DECLARATION (only applicable for courses that are eligible for CTF funding)

I _____ (full name)

I am currently working in the building and construction industry *or*

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

Please note: If the CTF denies this subsidy application you will be required to pay the full (non- subsidised) fee immediately. Persons working in the mining industry, for the government or the armed service are not eligible for the subsidy.

Name of employer:

Signature:

Date:

The CTF subsidy reduces the student fee by up to 70 % (or 80% if 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.



7. DECLARATION / TERMS & CONDITIONS

I have read and agree to the Code of Conduct, all terms and conditions, and policies that apply to this course, available at cet.asn.au or by scanning the QR code. I authorise CET to record my USI number when submitting my claim to CTF.

Name:

Date:

Signature:

Signature of parent/guardian
(for individuals under 18):

cet.asn.au



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