

# 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](http://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](http://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. 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](http://ctf.wa.gov.au) or scan the QR code to make sure you are eligible for the subsidy.



## 6. 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](http://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:

[cet.asn.au](http://cet.asn.au)



### JOONDALUP CAMPUS

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Joondalup WA 6027  
PO Box 4  
Joondalup DC WA 6919  
**T** +61 8 9233 5000  
**E** [joondalup@cet.asn.au](mailto:joondalup@cet.asn.au)

**W** [cet.asn.au](http://cet.asn.au)

### JANDAKOT CAMPUS

5 Avior Avenue  
Jandakot WA 6164  
PO Box 3857  
Success WA 6964  
**T** +61 8 6595 6600  
**E** [jandakot@cet.asn.au](mailto:jandakot@cet.asn.au)

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