



Enrolment Form

Family Name:	Given Name:	Middle:
Date of Birth:	Signature:	Date:

Home Address	Suburb:	State:
Postcode:	Home Phone:	Mobile:
Email:		

Sex Male / Female	Aboriginal or Torres Strait Islander: Yes / No	
Disability Yes / No	Details :	
Australian Citizen Yes / No	Australian Resident: Yes / No	Other:

Declaration
 I acknowledge that it is a condition of my enrolment that I abide by all the Electro Skills policies and procedures. I confirm the accuracy of the information that I have provided on this enrolment application form and acknowledge that providing false information and/or failing to disclose any relevant information may lead to a termination of my enrolment. Information provided on this form and collected through my enrolment will be handled by Electro Skills in accordance with the Electro Skills privacy policy.

Signed by applicant: _____ **Date:** _____

Course Details:
 I understand that the Competency Standard Units that are to be studied have prerequisite entry requirements. For this reason Electro Skills requires evidence of your current qualifications and skill, for entry to the course that you want to undertake. I understand that entry to the course may be denied if evidence demonstrating the required prerequisite is not provided.

Signed by applicant _____ **Date:** _____

Installer Only: Yes / No	Designer Only: Yes / No	Installer/Designer: Yes / No
Evidence of Qualification held		
Qualified Supervisors Certificate Electrical		
Electrical Trades Certificate – Systems Electrician		
Electrical Fitter / Mechanic or Electrical Mechanic Trade Certificate or equivalent		
Other Electrical qualification (Design Only)		

Payment	
The enrolment will not be finalised until payment has been received in full..	
Installer only (\$1422)	\$
Designer only (\$986)	\$
Installer / Designer (\$1600)	\$
Other Fees	\$
Discount applied for financial ETU members – 20%	\$
Total	\$

Payment method	
Cash	
Credit Card	

Credit Card Details	
Type Mastercard <input type="checkbox"/> Visa card <input type="checkbox"/>	Expiry Date _____/_____
Card N° _____	Cardholder's Name _____
Card Holder's Signature _____	CCV number (3 digits on back of card) _____

Return this form with all required documentation by:

POST

Course Administration
 Electro Skills
 Student Enrolments
 P.O. Box 3063
 Rhodes NSW 2138

FAX

Course Administration
 Electro Skills
 02 9736 1950

EMAIL

electrogreen@egt.com.au

or

gridconnect@egt.com.au