



CEPUTEC COURSE APPLICATION FORM

Privacy Policy: The CEPUTEC Privacy Policy complies with State and Federal legislation. We will only collect personal information from you with your prior knowledge and consent. CEPUTEC will only use personal information provided by you for the purposes of enrolling you into courses and awarding you qualifications. We will remove personal information from our system when it is no longer required, except where archiving is a requirement.

Please COMPLETE BOTH SIDES of this form, sign it, and, where applicable, have it signed by an employer representative. **Effective 1 March, 2009, all fully financial members of the PTEU are entitled to free training through CEPUTEC and the Plumbing Industry Action Centre. Immediate family members are eligible for subsidised training. Please forward this form to CEPUTEC.**

Your name and details will then be placed on a waiting list for the course/s you are seeking to undertake. You will be contacted when the next available course is finalised.

Employee Name _____

Employee Address _____

_____ Postcode _____

Telephone _____ (hm) _____ (mb)

Occupation _____

Date of Birth _____ Union Name _____

Union No _____ Incolink No _____

Employed By _____

Employer's Address _____

_____ Postcode _____

Employer Contact Name _____

Employer's Ph. No. _____

*Do you consider yourself to have a permanent or significant disability or long-term condition? If yes, please indicate these areas:

IMPORTANT INFORMATION: Members must present their Unions clear card at the beginning of the course.

Any cost incurred by CEPUTEC through the late withdrawal or non-attendance will be borne by the applicant or their employers.

Should you have any concerns relating to the delivery of training, assessment, Recognition of Prior Learning (RPL) or credit transfer, please contact the Centre Co-ordinator.



Please tick the course you wish to undertake.

Controlled Document as 1/06 2008

| | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | ASBESTOS REMOVAL | <input type="checkbox"/> | FORKLIFT ASSESMENT (1 DAY) |
| <input type="checkbox"/> | BACKFLOW PREVENTION | <input type="checkbox"/> | FORKLIFT TRAINING (2 DAYS) |
| <input type="checkbox"/> | BASIC COMPUTER SKILLS | <input type="checkbox"/> | GAS (REFRESHER) |
| <input type="checkbox"/> | BOOMLIFT ASSESMENT (1 DAY) | <input type="checkbox"/> | HAZARDOUS SUBSTANCES |
| <input type="checkbox"/> | BOOMLIFT TRAINING (2 DAYS) | <input type="checkbox"/> | INSTALL PRIMARY GROUND |
| <input type="checkbox"/> | CERTIFICATE IV IN OH&S | <input type="checkbox"/> | INSTALL SPLIT AIR CONDITIONERS |
| <input type="checkbox"/> | CONFINED SPACE | <input type="checkbox"/> | LASER SAFETY |
| <input type="checkbox"/> | CONFINED SPACE (REFRESHER) | <input type="checkbox"/> | NO GO ZONE AWARENESS/SPOTTER |
| <input type="checkbox"/> | CONSTRUCTION INDUCTION (CI CARD) | <input type="checkbox"/> | NOISE AWARENESS |
| <input type="checkbox"/> | DISCONNECT / RECONNECT | <input type="checkbox"/> | RIGGING |
| <input type="checkbox"/> | DOGGING | <input type="checkbox"/> | OH&S 5 DAY FOR REPRESENTATIVES |
| <input type="checkbox"/> | EARTHMOVING | <input type="checkbox"/> | OH&S REFRESHER (1 DAY) |
| <input type="checkbox"/> | FIRST AID LEVEL 1 | <input type="checkbox"/> | WELDING |
| <input type="checkbox"/> | FIRST AID LEVEL 2 | <input type="checkbox"/> | SAFE WORK ON ROOFS |
| <input type="checkbox"/> | FIRST AID LEVEL 3 | <input type="checkbox"/> | SCISSORLIFT OPERATION (4 HOURS) |
| <input type="checkbox"/> | FIRST AID (REFRESHER) | <input type="checkbox"/> | TRAFFIC MANAGEMENT |
| <input type="checkbox"/> | | <input type="checkbox"/> | |

It may be possible that courses can be ran at night if there is enough interest and numbers please tick accordingly if you wish for a day course or night course

| | | | |
|--------------------------|-------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Day Course | <input type="checkbox"/> | Night Course |
|--------------------------|-------------------|--------------------------|---------------------|

****If you are employed, your Employer **MUST** complete this section****

I agree to allow _____ to attend the above course(s).

Employer Representative's Signature: _____ Date: _____

Employee's Signature: _____

(All payments MUST be finalised prior to any course booking being confirmed)

Amount Paid: \$ _____

Payment Methods: Please circle one

Cheque (payable to CEPUTEK)

Credit Card

Card No _____ / _____ / _____ / _____ Expiry Date _____ / _____

Card Holders Name: _____

Bankcard

Visa

Mastercard

Signature _____ Date _____

