

## **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 PETU 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 \_\_\_\_\_ (home) \_\_\_\_\_ (mobile)

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

	<b>ASBESTOS REMOVAL</b>		<b>FORKLIFT ASSESSMENT (1 DAY)</b>
	<b>BACKFLOW PREVENTION</b>		<b>FORKLIFT TRAINING (2 Days)</b>
	<b>BASIC COMPUTER SKILLS</b>		<b>INSTALL PRIMARY GROUND</b>
	<b>BOOMLIFT ASSESMENT (1 DAY)</b>		<b>INSTALL SPLIT AIR CONDITIONERS</b>
	<b>BOOMLIFT TRAINING (2 DAYS)</b>		<b>LASER SAFETY</b>
	<b>CERTIFICATE IV IN OH&amp;S</b>		<b>SPOTTERS</b>
	<b>CONFINED SPACE</b>		<b>OH&amp;S 5 DAY FOR SAFETY REPS</b>
	<b>CONFINED SPACE (REFRESHER)</b>		<b>OH&amp;S SAFETY REPS REFRESHER</b>
	<b>CONSTRUCTION INDUCTION (CI CARD)</b>		<b>RIGGING</b>
	<b>CPR</b>		<b>SAFE WORK ON ROOFS</b>
	<b>DISCONNECT / RECONNECT</b>		<b>SCISSOR LIFT (4 HOURS)</b>
	<b>DOGGING</b>		<b>TRAFFIC MANAGEMENT</b>
	<b>EARTHMOVING</b>		<b>WELDING</b>
	<b>FIRST AID LEVEL 1</b>		
	<b>FIRST AID LEVEL 2</b>		
	<b>FIRST AID LEVEL 3</b>		
	<b>FIRST AID (REFRESHER)</b>		

**\*\*\*\*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 CEPUTEC)**                      **Credit Card**

Card No \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

Bankcard                       Visa                       Mastercard

Signature \_\_\_\_\_ Date \_\_\_\_\_