

## Power Training Services WA Enrolment Form

### Course Enrolment and Prerequisites

You are required to provide evidence of the prerequisites listed on the course descriptor to Power Training Services WA (PTSWA) **prior** to your enrolment being accepted and confirmed. Please attach and return your evidence with this enrolment form to PTSWA as soon as possible:

- By email to [technical.trainers@pts-training.com.au](mailto:technical.trainers@pts-training.com.au), or
- By hand, or post to 90 Training Place, Jandakot, WA 6164

**Please note:**

- All prerequisites must be current and certified; a list of who can certify a document can be viewed here [http://www.bdm.dotag.wa.gov.au/files/BDM50\\_Certify\\_Documents.pdf](http://www.bdm.dotag.wa.gov.au/files/BDM50_Certify_Documents.pdf)
- Where training has been completed at PTSWA please tick to indicate; this will be verified by PTSWA
- Where indicated (\*) evidence of superseded and equivalent units may be provided

Please contact PTSWA on (08) 9411 7888 if you have any questions about your prerequisite evidence.

**Please ensure that your formal leader or manager completes the declaration included in the prerequisite section of this application.**

### Course/s being applied for

Maintain energised HV distribution overhead electrical apparatus (stick) - Western Power refresher ☐

Maintain energised HV distribution overhead electrical apparatus (glove) - Western Power refresher ☐

### Student Details

**Unique Student Identifier (USI)**

If you do not have a USI you can apply for one at: [www.usi.gov.au](http://www.usi.gov.au)

**Note:** You do not need to supply your USI if you have already provided this to us.

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**Western Power Network Authority Number (NAC)**

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**Family Name**

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**Given Names**

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**Title**

Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐

Other – please specify

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**Gender**Male ☐ Female ☐**Date of Birth**

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**Street Address**

<b>State</b>	<b>Postcode</b>

**Contact Details**

Work Phone	
Mobile Phone	
Email address	

**Employer Details**

Employer Name	
Employer Contact Name	
Employer Contact Number	

**Emergency Contact**

Name	
Relationship	
Contact Number	

**Medical Conditions**

Do you have any medical conditions that we need to be aware of?

Yes ☐ No ☐

If you have answered Yes please provide details if you think this will impact on your training.

**LLN Assistance**

Do you require assistance with Language, Literacy or Numeracy?

Yes ☐ No ☐**Student Consent**

I hereby consent to my personal information (including my PTSWA training records) being disclosed by PTSWA to directors, officers and employees and agents of Western Power and/or third parties under or in connection with one or more of the following circumstances:

- For the purposes of Western Power performing an incident investigation involving me
- To provide information to Western Power Network Authorisations to enable authorisation to work on the Western Power network
- To provide information to other RTO's or training providers for the purpose of proving that prerequisites have been met prior to attending a course with another RTO or training provider
- To provide non- identifiable statistical data to government entities

I also consent to my employer (where they are not Western Power) and where they are paying for my training to be given access to my training information.

**Date**

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**Signature**

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## Prerequisite Evidence

Please tick what you are providing as evidence and how this is being provided

Document

PTSWA Training Record

Copy of current NAC	<input type="checkbox"/>	<input type="checkbox"/>
Certified copy of Statement of Attainment for:		
UETTDTRDP13A Maintain energised HV distribution overhead electrical apparatus (stick) or equivalent unit	<input type="checkbox"/>	<input type="checkbox"/>
UETTDTRDP14A Maintain energised HV distribution overhead electrical apparatus (glove) or equivalent unit	<input type="checkbox"/>	<input type="checkbox"/>
UETTDRRF08B Perform EWP controlled descent escape	<input type="checkbox"/>	<input type="checkbox"/>
UETTDRRF02B Perform pole top rescue	<input type="checkbox"/>	<input type="checkbox"/>
TLILIC2005A Licence to operate a boom-type elevating work platform (boom length 11 metres or more)**	<input type="checkbox"/>	<input type="checkbox"/>

**\*\* Certified copy of high risk licence may be provided**

## Declaration by formal leader/manager

I confirm that the student named in this application has met all selection criteria for live work training as per section 3.1 of the Western Power High Voltage Live Work manual. In accordance with the listed requirements a copy of all items has been retained on the student's personnel file.

Name

Position/Company

Date

Signature