

Power Training Services Application Form

HV Live Line

Course Application and Prerequisites

You are required to provide Power Training Services (PTS) your evidence of prerequisites **before** your application can be reviewed and your enrolment confirmed.

A list of the required prerequisites can be found in the course descriptor on the [PTS website](#).

Please return this form, with your evidence attached, to PTS as soon as possible:

- by email to support.services@pts-training.com.au or
- by hand or post to 90 Training Place, Jandakot, WA 6164

If you have any questions about your prerequisite evidence, contact PTS on (08) 9411 7888.

Your formal leader/manager must complete the declaration section at the end of this form.

1. Course/s being applied for:

- Maintain energised HV distribution overhead electrical apparatus (Stick). (UETTDRDP13A)
- Maintain energised HV distribution overhead electrical apparatus (Glove). (UETTDRDP14A)

2. Student Details

Unique Student Identifier (USI)

If you do not have a USI, you can apply for one at www.usi.gov.au

Note: You do not need to supply your USI if you have previously provided it to PTS.

Western Power Network Authority Number (NAC)

Surname name

Given names

Date of birth

Contact details

Work phone	
Mobile phone	
Email address	

Postal address

(for issue of certificate)

State	Postcode

Employer Details

Company name	
Contact name	
Contact phone number	

Fitness for work

Are you medically fit to complete the required training?

Yes No

If you have answered NO please provide details.

Yes No

LLN Assistance

Do you require assistance with Language, Literacy or Numeracy?

3. Prerequisite Evidence

From the lists below, TICK to indicate the prerequisite evidence you'll be submitting and how you will be providing it.

Note:

- If your training was completed at PTS, no documentation is required. Just tick 'PTS training record' so this can be verified by PTS.
- If marked with a (*) you can provide evidence of the superseded and equivalent units.

	Document	PTS Training Record
Select one of the below:		
UET30612 Certificate III in ESI – Power Systems – Distribution Overhead <i>(including Record of Results)</i>	<input type="checkbox"/>	<input type="checkbox"/>
UET30209 Certificate III in ESI – Distribution <i>(including Record of Results)</i>	<input type="checkbox"/>	<input type="checkbox"/>
UET30206 Certificate III in ESI – Distribution <i>(including Record of Results)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Attainment for:		
UETTDRRF08B Perform EWP controlled descent escape	<input type="checkbox"/>	<input type="checkbox"/>
UETTDRRF02B Perform pole top rescue	<input type="checkbox"/>	<input type="checkbox"/>
BSBLDR403* Lead team effectiveness	<input type="checkbox"/>	<input type="checkbox"/>
TLILIC2005 Licence to operate a boom-type elevating work platform (boom length 11 metres or more)	<input type="checkbox"/>	<input type="checkbox"/>
XMED Authorisation (Live Line Medical)	<input type="checkbox"/>	<input type="checkbox"/>

Student Consent

I consent to my personal information (including my PTS training records) being disclosed by PTS 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	<input type="text"/>
Signature	<input type="text"/>

Declaration by formal leader/manager

I confirm that the student named in this application has met the selection criteria requirements for live work training as per *section 3.1 of the Western Power High Voltage Live Work* manual.

I understand and am satisfied with the requirements for application and support their enrolment in the training program.

Name	<input type="text"/>
Company/Position	<input type="text"/>
Date	<input type="text"/>
Signature	<input type="text"/>

Application Approval (PTS to complete)

I confirm that the student named in this application has met all requirements for enrolment into live work training.

Name	<input type="text"/>
Position	<input type="text"/>
Date	<input type="text"/>
Signature	<input type="text"/>