

# **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) <u>prior</u> 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, 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 <a href="http://www.bdm.dotag.wa.gov.au/">http://www.bdm.dotag.wa.gov.au/</a> 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- Where indicated (\*) evidence of superseded and equivalent units may be provided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 Transmission line switching **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 already provided this to us. **Western Power Network Authority** Number (NAC) **Family Name Given Names Title** Mr □ Mrs □ Ms □ Miss □ Dr □ Other – please specify Gender Male ☐ Female ☐

Date of Birth		
Street Address		
	State	Postcode
Postal Address (if different from above)		
	State	Postcode
Contact Details	Work Phone	
	Mobile Phone	
	Email address	
Employer Details	Employer Name	
	Employer Contact Name	
	Employer Contact Number	
Emergency Contact	Name	
	Relationship	
	Contact Number	
<b>Medical Conditions</b> Do you have any medical conditions that	Yes □ No□	
we need to be aware of?	If you have answered Yes please provide details if you think this will impact on your training.	
<b>LLN Assistance</b> 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 RTOs 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	
Signature	

### **Prerequisite Evidence**

Please tick what you are providing as evidence and how this is being provided	Document	PTSWA Training Record
Copy of current NAC		
NA2 Substation entry authorisation		
eNAR authorisation, plus one of the following		
Western Australian electrical licence, <b>or</b>		
CIII in FSI Distribution Overhead	П	П