



CORRINDALE TRAINING

IN ASSOCIATION WITH

JAMACTAS

101 PALM BEACH AVE PALM BEACH QLD 4221
JON MORGAN 0400 832 469

COURSE APPLICATION FORM

PERSONAL DETAILS	EMPLOYMENT STATUS
<i>Student Number:</i>	
<i>Surname:</i>	<input type="checkbox"/> Employer
	<input type="checkbox"/> Full-Time Employee
<i>Given Names:</i>	<input type="checkbox"/> Employed – Unpaid Family Worker
	<input type="checkbox"/> Part-Time Employee
<i>Home Address:</i>	<input type="checkbox"/> Self-Employed
	<input type="checkbox"/> Unemployed – Seeking Full-Time Work
	<input type="checkbox"/> Unemployed – Seeking Part-Time Work
	<input type="checkbox"/> Apprentice / Trainee
<i>Post Code:</i>	<i>Employer's Details:</i>
<i>Telephone Number:</i>	
(H) (M)	<i>Ph:</i>
<i>Fax Number:</i>	
(H) (W)	
<i>Email Address:</i>	COURSE SELECTION/S (Please Tick)
	<input type="checkbox"/> UEE20107 – Certificate II in Air Conditioning Split Systems
	<input type="checkbox"/> UEE21810 – Certificate II in Appliance Servicing – Refrigerants
	<input type="checkbox"/> Combined Course
EMERGENCY CONTACT	(Please Circle)
<i>Name:</i>	COURSE OFFERING – 1 - 2 – 3 DAYS
<i>Phone:</i>	Start Date:
(h)	
(m)	Finish Date:

PRE-REQUISITES	Signature Required <i>I agree to abide by the rules of JAMACTAS as far as they may apply to me. I declare that the submission of incorrect or incomplete information may result in a cancellation of enrolment. I recognise that it is my responsibility to provide all necessary documentary evidence and hereby authorise JAMACTAS to obtain further information if and when necessary.</i>
CURRENT TRADE QUALIFICATIONS <i>Photocopies of qualifications must be provided</i>	Name of Applicant:
<i>Electrical - Lic. No.</i>	Signature of Applicant:
<i>Plumbing - Lic. No.</i>	Date:
<i>Airconditioning Installation ie. Sheetmetal, Pipework, Fitter, Other -</i>	
<i>Other Relevant Trade/s Qualification/s. Lic. No.</i>	
CONSTRUCTION INDUSTRY OHS BLUE/WHITE CARD <i>Card No:</i> <i>Issue Date:</i>	Office Use Only
CURRENT CPR & LVR QUALIFICATIONS	<i>Trade Papers Sighted: Yes / No</i> <i>Identification Sighted: Yes / No</i> <i>OHS Blue Card Sighted: Yes / No</i> <i>CPR & LVR Qualifications: Yes / No</i>
	<i>Confirmed Course Dates: / / to / /</i> <i>Payment Received: Yes / No</i>

- **Course Fees: 2 Day Courses - UEE20107 or UEE21810 = \$1800.00**
- **1 Day RPL UEE21810=\$650.00**
- **3 Days both Courses = \$2400.00**
- **Fee Payment: Up-front payment of full course fees required 1 week before commencing classes.**
- **All personal and company cheques must be presented and cleared 1 week prior to requested course dates.**

Payment Methods:

NAB - Southport QLD – Corrindale Training

- I would like to use EFT to your Account. **BSB - 084 852 ACCT - 82728 0290***
- I would like to pay by cash/cheque/money order (payable to Corrindale Training)*
- I would like to pay by credit card (please complete your credit card details below)*

Credit Card Type: Mastercard Bankcard Visa

Card Number: □□□□ □□□□ □□□□ □□□□ **Expiry Date** - - - / - - -

Cardholder's Name: _____

Cardholder's Signature: _____