

CSTA COURSE ENROLMENT FORM

CLASSES ARE STRICTLY LIMITED TO 20.
WE URGE YOU TO COMPLETE THIS FORM AS SOON AS POSSIBLE ACCOMPANIED WITH FULL PAYMENT
TO SECURE YOUR POSITION IN THE CLASS

PERSONAL DETAILS: [Please print all details]

Last Name			
First Name			
Preferred Name: e.g. Matthew (Matt)			
Address			
Suburb		Postcode	
Home Phone		Work	
Mobile Phone			
Email			
Date of Birth			
<u>Electrical Workers Licence No.</u> Must be endorsed "Mechanic" or "Electrical Fitter Mechanic"		Expiry Date:	
Drivers Licence #			
CEPU Member [Trade Union]	No <input type="checkbox"/> Yes <input type="checkbox"/> Union N ^o		
How did you find us?	Energy Safety <input type="checkbox"/>	Forum <input type="checkbox"/>	
	Search Engine <input type="checkbox"/>	Print Ad <input type="checkbox"/>	
	Website Link <input type="checkbox"/>	Referral <input type="checkbox"/>	Other

ENROLMENT DETAILS:

COURSE NAME: Eg. Electrical Contractors / SACS			
Date of Course	From:		To:

PAYMENT OPTIONS:

Credit Card Type	MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>	
Card Number			
Expiry Date	/	Amount: \$	Date:
Cardholders Name		Signature:	
Cheque (Payable to CSTA)	\$		