



REGISTRATION FORM

**For Employers and Supervisors of Apprentices and Trainees seeking to undertake
Certificate IV in Training and Assessment Skill Set**

This training is available at no cost to either the employer or the participants

This section to be completed by the Employer			
Company Name:			
Contact Person:			
Phone Number:		Email:	
Please identify the staff seeking to access the training:			
Full Name	Apprentice or Trainee Trade Area Supervised		
EMPLOYER DECLARATION			
I confirm that the staff listed above are direct supervisors of apprentices or trainees in their workplace. This declaration must be signed by the employer or a person authorised to sign on the employer's behalf.			
Name:		Position:	
Signature:		Date	

The employer must complete the above section and then forward this form to the training provider selected by the employer to deliver the training.

This section to be completed by the Training Provider (RTO)			
Legal Name			
Trading Name			
NTIS ID			
Contact Name:			
Phone Number:		Email:	
Town where the training to the above listed persons will be delivered (Only required if outside the Perth Metro Area)			

The RTO must complete the above section and then scan and forward this form by email to john.deligeorges@det.wa.edu.au.

Alternatively the form may be faxed to (08) 9264 4281 marked 'attention of John Deligeorges'