

# REGISTRATION FORM

Application by Employment Provider



Course Details			
<b>Course Name:</b>			
<b>Course Dates:</b>	From		To

Third Party Contact and Invoicing Details:			
<b>Given Name:</b>			<b>Last Name:</b>
Organisation Name:			
Mobile:			Email:
<b>Street Address</b>		<b>Invoicing Address (if different)</b>	
No/Street			PO Box
Suburb:			Suburb:
State:		Post Code:	

Accounts Department Contact			
<b>Given Name:</b>			<b>Last Name:</b>
Phone:			Email:
<b>PO No:</b>			<b>PO Value:</b> \$

Student I Details:			
* Please write the name that the student used when they applied for their Unique Student Identifier (USI), including any middle names. If you do not yet have a USI please apply for one. ( <a href="http://www.usi.gov.au">www.usi.gov.au</a> )			
<b>Given Name/s:</b>			<b>Last Name:</b>
DOB:		Mobile	Email:
<b>Street Address</b>		<b>Postal Address (if different)</b>	
No/Street			PO Box
Suburb:			Suburb:
State:		Post Code:	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
			Country of Birth:
<b>USI:</b>			
<b>CITB #:</b>			

Emp Provider Registration Form v1.0

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Student 2 Details:											
Given Name/s:				Last Name:							
DOB:		Mobile		Email:							
Street Address						Postal Address (if different)					
No/Street		PO Box									
Suburb:		Suburb:									
State:		Post Code:		State:		Post Code:					
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other						Country of Birth:					
USI:											
CITB #:											

Student 3 Details:											
Given Name/s:				Last Name:							
DOB:		Mobile		Email:							
Street Address						Postal Address (if different)					
No/Street		PO Box									
Suburb:		Suburb:									
State:		Post Code:		State:		Post Code:					
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other						Country of Birth:					
USI:											
CITB #:											

**NB:** Please add more Students as required

**When completed, please email this form to [training@workzone.net.au](mailto:training@workzone.net.au)**