

# TEST AND TAG COURSE



## Quick info:

**Next upcoming classes: May 2016**

**Organisation:** Bizmatrix Pty Ltd

**Address:** Unit 53/193 Southpine Road,  
Brendale, QLD 4500

**Phone:** 1300 588 749

**Email:** [info@bizmatrix.edu.au](mailto:info@bizmatrix.edu.au)

**Website:** [www.bizmatrix.edu.au](http://www.bizmatrix.edu.au)

**RTO No.** 32074

**DET:** 0001318900 / **ABN:** 53 122 030 451

### **Test and Tag training Course**

The Test and Tag course has a mixture of practical and theoretical training, on a wide range of composite equipment including portable/plugged in electrical equipment, RCD residual current devices testing and electrical cord assemblies. The Conduct in-service safety testing of electrical cord assemblies and cord connected equipment course is a introduction to electrical safety and theories and the base units for all restricted electrical training.

### **Who can do it?**

Those looking to learn how to test and tag appliances, electrical cord assemblies, tools and RCD devices around their home and for industry and your work place.

### **Requirements**

All attendees must have basic level 3 numeracy and literacy skills. The conduct in-service safety testing of electrical cord assemblies and cord connected equipment course is open those who would like to check; test and tag electrical cord assemblies or cord connected appliance

### **Delivery mode**

1 day course on site at Bizmatrix Training Centre  
Plus e-learning prior to practical

### **Course code**

TAT-1-2016 Test and Tag course - Practical Day – Monday 18<sup>th</sup> January 2016

TAT-2-2016- Test and Tag course – Practical Day – Monday 15<sup>th</sup> February 2016

### **Units covered**

UNIT CODE	UNIT TITLE
Test and Tag 1 Day Course	UEENEEE101A Apply Occupational Health and Safety regulations, codes and practices in the workplace UEENEEP026A Conduct in-service safety testing of electrical cord connected equipment and cord assemblies

### **Course dates**

**E-learning - open enrolment**

**Practical Day- TAT-2-2016 Monday 9<sup>th</sup> May 2016**

Practical 7.30AM – 3.30PM

## **TEST AND TAG REGISTRATION FORM 2016**

## TEST AND TAG

**ATTENDEE DETAILS** (Please ensure your details are correct, as the information provided will be used for records and or issuing of qualifications)

Title	<input type="text"/>	Birth date	<input type="text"/>	Qualifications	<input type="text"/>
First Name	<input type="text"/>		Middle	<input type="text"/>	
Surname	<input type="text"/>			USI Number	<input type="text"/>
Home Address	<input type="text"/>				
State	<input type="text"/>	Suburb	<input type="text"/>	Postcode	<input type="text"/>
Phone Number	<input type="text"/>	Mobile	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>				
Prime Language if not English	<input type="text"/>	Special Requirements	<input type="text"/>		
Any Special Learning Needs Yes/ No	<input type="text"/>				

### Part Two- Payment by company with an ABN

#### INVOICE DETAILS for a company or organisation

Company Legal Name:	<input type="text"/>				
Address	<input type="text"/>				
State	<input type="text"/>	Suburb	<input type="text"/>	Postcode	<input type="text"/>
Phone Number	<input type="text"/>	Mobile	<input type="text"/>	Fax	<input type="text"/>
Email Contact Name	<input type="text"/>				
	Contact Ph				<input type="text"/>
ABN	<input type="text"/>	PO No	<input type="text"/>		

#### PAYMENT DETAILS (Please tick)

Cheque    Cash    Direct payment    Credit card payment / BPay

<b>PAYMENT DETAILS COMPANY</b>	
PAYMENT DETAILS (Please tick) Cheque    Cash    Direct payment Credit card payment / BPay Add 2%	
COMPANY RESPONSIBLE FOR PAYMENT OF FEES (Tick Here)	<input type="checkbox"/>
STUDENT RESPONSIBLE FOR PAYMENT OF FEES (Tick Here)	<input type="checkbox"/>
• Course Fee Full Payment on Enrolment	
Please refer to our fees policies, fees are not refundable once the student has commenced the course, note conditions apply. All conditions are located in our Student Handbook.	

#### SELECTION DETAILS (Please tick)

Selection	Course Fees	Your selection
<b>Selection 1 - Test &amp; Tag - Conduct in Service Testing</b>	<b>\$495 GST FREE</b>	
<b>CPR Training</b>	<b>\$60 GST FREE</b>	
<b>Your individual Selection</b>	<b>\$</b>	
<b>Selection</b> <input type="checkbox"/>	<b>Option</b> <input type="checkbox"/>	<b>GST FREE</b>

You will be sent an invoice for the payments, with the balance of payments due by the start date. I confirm I have read the training terms and conditions as published on [www.bizmatrix.edu.au](http://www.bizmatrix.edu.au) and will be attending the sessions as listed, enclosed are the payment details and my registration details.

I would like you to add my name to the database to be notified of further courses and to be provided with ongoing technical information:

Name Signature	<b>EFT details:</b> Westpac Banking BSB 034-272 Account 250-586 or <b>Post cheques to:</b> BIZMATRIX Pty Ltd PO BOX 489 ALBANY CREEK Q 4035
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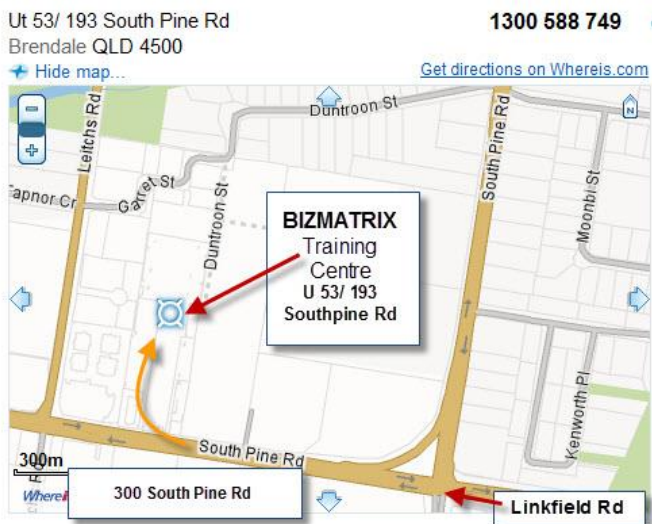
- ✓ I confirm I have read the training terms and conditions as published on [www.bizmatrix.edu.au](http://www.bizmatrix.edu.au) and will be attending the sessions as listed. Enclosed are the payment details and my registration details.
- ✓ I would like you to add my name to the database to be notified of further courses and to be provided with ongoing technical information

### Where are we?

Brendale Business Park

Unit 53/193 Southpine Road, Brendale. QLD 4500

#### Bizmatrix



**COURSE DETAILS:**

<b>Course being applied for:</b>		<b>Course Code:</b>	
<b>Preferred location of training:</b>	<input type="checkbox"/> Workplace	<input type="checkbox"/> Bizmatrix	<input type="checkbox"/> Other
<b>Date ready to start:</b>		<b>Date must complete by:</b>	

**EMERGENCY CONTACT DETAILS:**

<b>Full name – next of kin:</b>			
<b>Daytime Number:</b>		<b>Mobile Number:</b>	
<b>Night time Number:</b>		<b>Relationship:</b>	

**PERSONAL DETAILS:**

<b>In which country were you born?</b>	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (Please specify):
<b>Do you speak a language other than English at home?</b> ( If more than one language is spoken at home, indicate the one that is spoken most often)	<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify):
<b>How well do you speak English?</b> (tick)	<input type="checkbox"/> Very well <input type="checkbox"/> Well	<input type="checkbox"/> Not well <input type="checkbox"/> Not at all
<b>Are you of Aboriginal or Torres Strait Islander origin?</b> (tick one)		
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander		
<b>Do you identify yourself as having a disability?</b> (Please tick)		
<input type="checkbox"/> No <input type="checkbox"/> Yes, Hearing/Deaf <input type="checkbox"/> Yes, Intellectual <input type="checkbox"/> Yes, Vision <input type="checkbox"/> Yes, Learning <input type="checkbox"/> Yes, Physical <input type="checkbox"/> Yes, Medical <input type="checkbox"/> Other		
<b>Please specify:</b>		
<b>Do you have any special dietary requirements</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify _____	

What is your highest COMPLETED school level? (Tick ONE box only.)	
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school
<b>In which YEAR did you complete school?</b>	_____
<b>Are you still attending secondary school?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you successfully completed any of the following qualifications?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes - Bachelor Degree or Higher Degree <input type="checkbox"/> Yes - Advanced Diploma or Associate Degree <input type="checkbox"/> Yes - Diploma (or Associate Diploma) <input type="checkbox"/> Yes - Certificate IV (or Advanced Certificate/Technician) <input type="checkbox"/> Yes - Certificate III (or Trade Certificate) <input type="checkbox"/> Yes - Certificate II <input type="checkbox"/> Yes - Certificate I <input type="checkbox"/> Yes - Certificates other than the above
<b>Of the following categories, which best describes your current employment status?</b>	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed - not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed - unpaid worker in a family business <input type="checkbox"/> Unemployed - seeking full-time work <input type="checkbox"/> Unemployed - seeking part-time work <input type="checkbox"/> Not employed - not seeking employment
<b>Of the following categories, which best describes your main reason for undertaking this course / traineeship / apprenticeship? (Tick ONE box only.)</b>	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons

**YOUR PERSONAL STATEMENT:**

Why are you choosing this course?	
Do you have a specific career aim or job in mind for the future?	
Do you consider that you meet the pre-requisite requirements for the course:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you consider that you have adequate literacy and numeracy skills to undertake the course:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Are you seeking credit for previous training or recognition of prior learning:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Are there any individual needs you have that we should be aware of so we take these into account when planning your training:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
If yes, please provide us a little more information:	

I confirm I have read the training terms and conditions as published on [www.bizmatrix.edu.au](http://www.bizmatrix.edu.au) and will be attending the sessions as listed.

Enclosed are the payment details and my registration details.

I would like you to add my name to the database to be notified of further courses and to be provided with ongoing technical information:  optout

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only			
Attached Copies Certified	✓	Student Requirements	✓
Copies of drivers licence		Online support Details	
Copies of trade licences		Student Marking	
		Observation Sheets	
<b>On completion</b>	✓	Student Info Sheet	
Certificate III		Student Info Manual	
Statement of Attainment		Licence Application	
		Work Notes 2011	
		Registration Document	

Completion Info	✓	Office Use Only
Learner Survey		
Employer Survey		
Course Surveys		
Copies/ results		
BSA application if app		
Results /Certificate		
Newsletter Info		

## How to get a USI Number

### *Steps to create a USI Number*

**Step 1.** Have at least one and preferably two forms of ID ready from the list below:

- Driver's Licence
- Medicare Card
- Australian Passport
- Visa (with Non-Australian Passport) for international students
- Certificate of Registration by Descent
- Citizenship Certificate
- Immi Card

**Step 2.** Have contact details ready (e.g. email address, or mobile number, or address).

**Step 3.** Visit the USI website at: [usi.gov.au](http://usi.gov.au)

**Step 4.** Select the 'Create a USI' link and follow the steps.

**Step 5.** Agree to the Terms and Conditions.

**Step 6.** Follow the instructions to create a USI – it should only take a few minutes. Upon completion, the USI will be displayed on the screen. It will also be sent to the student's preferred method contact.

**Step 7.** The student should then write down the USI and keep it somewhere handy and safe.

### **Important**

Make sure your personal details entered when creating your USI must match exactly with those on their form of ID.

For more information please visit: [usi.gov.au](http://usi.gov.au)

Or contact us at Email: [usi@industry.gov.au](mailto:usi@industry.gov.au)

Phone: 1300 770 217





As part your training journey with Bizmatrix it is mandatory that you provide 100 points of identification. Please see list below. These documents will need to be sighted and signed by one of the authorised personnel below to complete the proof of identity.

The authorised person must tick the relevant boxes to indicate the documents provided by you to prove your identity then print and sign their name, provide a contact phone number and write their occupation as selected from the list below.

- Accountants (registered members of the Institute of Chartered Accountants in Australia, the Australian Society of Certified
- Practising Accountants or the National Institute of Accountants)
- Bank managers
- Clerks of the courts
- Commissioner for Declarations
- Commissioned officers currently serving in the regular defence forces
- Elected representatives of federal, state and territory parliaments and municipal or shire councils
- Holders of statutory offices for which an annual salary is payable
- Justice of the Peace
- Police officers
- Postal managers
- Public servants (current full-time employee of commonwealth, state, territory or local government or statutory authorities, who
- have been employed continuously for at least five years by their current employer)

Proof of Identification		
<input type="checkbox"/> Birth or Citizen Certificate (only one) (70)	<input type="checkbox"/> Passport (70)	<input type="checkbox"/> ID card issues to a public employee (40)
<input type="checkbox"/> ID card issued by Centrelink (40)	<input type="checkbox"/> Driver's Licence (40)	<input type="checkbox"/> Confirmation from employer (35)
<input type="checkbox"/> Store or Medicare Card (25)	<input type="checkbox"/> Club Membership Card (25)	<input type="checkbox"/> Debit/credit card (one financial institution) (25)

Declaration by the authorised person:  
 I am the person authorised to complete this declaration and I have sighted the original copies of the documents indicated in the document list above. The applicant has achieved 100 identification points and I am satisfied as to the person's identity.

<b>Name:</b>		<b>Occupation:</b>	
<b>Signature:</b>		<b>Contact Number:</b>	

<b>Witness Name:</b>		<b>Occupation:</b>	
<b>Signature:</b>		<b>Contact Number:</b>	

We appreciate your assistance with this and look forward to training with you.

Kind Regards

Darrel Vecchio and the Bizmatrix team