



Apprentice Registration Form

| | | | |
|--|--|--|--------------------------|
| Application for Registration as an Apprentice. | | | |
| Application Details | | | |
| <input type="checkbox"/> New Registration | <input type="checkbox"/> Change of Employer | <input type="checkbox"/> Extension of Registration | |
| Registration Details | | | |
| Please select the licence you are applying for | | | |
| Electrician | <input type="checkbox"/> | Electrical Linesman | <input type="checkbox"/> |
| Electrical Fitter | <input type="checkbox"/> | Electrical Cable jointer | <input type="checkbox"/> |
| Instrumentation Fitter | <input type="checkbox"/> | Refrigeration/Air conditioning Mechanic | <input type="checkbox"/> |
| Other | <input type="checkbox"/> State Category | | |
| Applicant details | | | |
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss | | |
| Full Name | | | |
| Date of Birth | | | |
| Current Postal address | | | |
| <input type="checkbox"/> As above or Current Residential address | | | |
| Telephone | | Mobile | |
| Email | | | |
| Employment Details: | | | |
| Contractor Name | | | |
| Contractor Licence No. | | Expiry | |
| Title of Supervisor | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss | | |
| Name of Supervisor | | | |
| Employer Postal Address | | | |
| <input type="checkbox"/> As above or Business address | | | |
| Telephone | | Mobile | |
| Email | | | |
| FOR OFFICE USE ONLY | | | |
| Supporting Documents provided (as per list on Page 2) | | | <input type="checkbox"/> |
| Received By: | | Date: | |

| Extension of Registration | | | |
|--|--|-----------|--|
| Registration Number | | | |
| Current Expiry Date | | | |
| Extended Expiry Date | | | |
| Colour Identification Test | | | |
| I state that I have previously undertaken a Colour Identification Test and the results of that test, have been submitted to the Board previously | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I state that I have not previously undertaken a Colour Identification Test and my Colour Identification Test results are attached. | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Declaration | | | |
| I solemnly and sincerely declare that: <ol style="list-style-type: none"> 1. all statements and information contained in this application are true and correct to the best of my knowledge; 2. I have read and understood the information contained in this application and associated guidelines; and 3. I know that it is an offence to make a declaration which is false in any material particular. | | | |
| Signature of Applicant | | On (Date) | |

| Supporting Documents | |
|---|--|
| The following documents must be lodged with this application. Please note that incomplete applications will not be processed. | |
| Current photographic identification (copy of current driver's licence or passport) | <input type="checkbox"/> |
| A copy of your Certificate of Registration (issued by Australian Apprenticeship Centre (AACNT)) | <input type="checkbox"/> |
| Colour Identification Test Results | <input type="checkbox"/> |
| Lodgement options | |
| By Email: | electrical.licensing@nt.gov.au |
| Or at a Territory Business Centre near you: | |
| Darwin Darwin Corporate Park Ground Floor, Building 3 631 Stuart Highway Berrimah NT 0828 GPO Box 9800 Darwin NT 0801 t: (08) 8982 1700 f: (08) 8982 1725 e: territorybusinesscentre@nt.gov.au | Katherine Shop 1, Randazzo Building 18 Katherine Terrace Katherine PO Box 9800 Katherine NT 0851 t: (08) 8973 8180 f: (08) 8973 8188 e: territorybusinesscentre@nt.gov.au |
| Tennant Creek Shop 2, Barkly House Cnr Davidson and Paterson Streets Tennant Creek PO Box 9800 Tennant Creek NT 0861 t: (08) 8962 4411 f: (08) 8982 1725 e: territorybusinesscentre@nt.gov.au | Alice Springs Ground Floor, The Green Well Building 50 Bath Street Alice Springs PO Box 9800 Alice Springs NT 0871 t: (08) 8951 8524 f: (08) 8951 8533 e: territorybusinesscentre@nt.gov.au |

FOR OPTOMETRISTS USE**Colour Identification Test**

The *Electrical Workers and Contractors Act 1978* provides that an application for an Electrical Workers Licence, Permit or Apprentice Registration be accompanied by a statement of results to the effect that the applicant has obtained a colour identification test.

This form is not a Regulation form, and is provided only for the convenient use of a Medical Practitioner, Optometrist, or Registered Nurse, who may be conducting a colour identification test for the purposes of the Act.

I, _____ being a qualified
(Medical Practitioners Name)

☐ Optometrist ☐ Medical Practitioner ☐ Registered Nurse

Practitioner Address _____

have conducted a colour identification test on _____
(Applicants Name)

who has satisfied me that, at the time of the test he/she is ☐ Able ☐ Unable
to correctly identify colours.

Other comments relating to the test:

Signature:

Date: