

PROGRAM	
Name of Program:	Certificate II in Civil Construction (RII20715)
Campus:	Ertech Construction Academy (52 Harrow Street, West Swan)
Delivery Days:	Monday – Wednesday
STUDENT DETAILS	
Surname:	
Given Names:	
Current School: (if applicable)	
Year commencing program:	
USI Number:	
MEDICAL CONDITIONS	
Do you have any medical conditions?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you have any allergies?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please provide additional details:	
PARENT / GUARDIAN DETAILS (This contact will be used for all correspondence)	
Full Name:	
Address:	
Daytime phone number:	
Mobile:	
Email address:	
APPLICANT AGREEMENT	
I certify that the above information is true and correct, that I understand the requirements of this program and I am prepared to commit to participate in this program if selected.	
Applicant signature:	
Date:	
PARENT / GUARDIAN AGREEMENT	
I certify that the above information is true and correct, that I understand the requirements for fees payable to participate in this program if our child is selected.	
Applicant signature:	
Date:	

PLEASE SUBMIT COMPLETED FORM TO: eca@ertech.com.au