

**Registration Details**

ID: \*\*\*\*\*  
Date:  
Enrolment Type:  
Programme Name: 1 Ausgrid Employee & Contractor Registration  
Occurrence ID:  
Occurrence Date:  
Qualification Name:  
Qualification Code:  
Location: Sydney  
Web Enrol ID:

**Payment Details**

Payment Status:  
Receipt Number:  
Discount:

**Client Details**

Family Name: \*\*\*\*\*  
Given Name: \*\*\*\*\*  
Middle Name(s):  
Former Family Name:  
Title:  
Date of Birth: \*\*/\*\*/\*\*\*\*  
Gender:  
Return Client?  
Suspected Client ID:

**Residential Address**

Unit:  
Building:  
Address:  
City:  
State:  
Post Code:

**Postal Address:**

Unit:  
Building:  
PO Box:  
Address:  
City:  
State:  
Post Code:

**Contact Details**

Phone (H):  
Phone (W):  
Phone (M):  
Fax:  
Email:

**Emergency Contact Details**

Name:  
Phone:  
Mobile:

**Citizenship**

Citizenship:

**RPL / Credit Transfer**

RPL:  
CT:  
Other Info:

**Government Data Collection Details**

Country of Birth:  
Language Spoken:  
Indigenous Status:  
School Status:

