

## STUDENT REGISTRATION FORM

**Attention Student:** Accuracy and timeliness of your certificates, Gold Class and student history depends on legibility and accuracy of this form.

*Office use only*                      **Student Number** .....

### PERSONAL INFORMATION (Please print)

First name.....Middle Initial.....SURNAME.....

Postal address.....  
.....

State.....Postcode.....

Telephone Area Code (    ) number.....

Email address.....

Send certificate to: **(please tick one)**    Employer address       Home address  

**Student Signature** .....

### EMPLOYER INFORMATION (Please print)

Company name.....

Postal address.....  
.....

State.....Postcode.....

Telephone (    ) number.....Fax (    ) number.....

### Occupation information:

This information is required for Gold Class accreditation and Platinum Individual recognition

|  |   |
|--|---|
| <p><b>Business type:</b></p> <p>Collision Repairer                      <input type="checkbox"/></p> <p>Insurance                                    <input type="checkbox"/></p> <p>Refinish                                      <input type="checkbox"/></p> <p>Manufacturer                              <input type="checkbox"/></p> <p>Supplier                                      <input type="checkbox"/></p> <p>Other (please specify).....              <input type="checkbox"/></p> | <p><b>Occupation:</b></p> <p>Collision Technician                      <input type="checkbox"/></p> <p>Refinish Technician                      <input type="checkbox"/></p> <p>Estimator                                    <input type="checkbox"/></p> <p>Assessor                                      <input type="checkbox"/></p> <p>Clerical support                            <input type="checkbox"/></p> <p>Other (please specify) .....              <input type="checkbox"/></p> |
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