



REGISTRATION FORM

Note: Information contained in this document is utilised in accordance with Maritime Training Assessment Group Privacy Policy

Personal Details <i>(Please choose by placing an X in the boxes that apply to you)</i>					
Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:		
Surname:					
Given Names:					
Contact Details					
Phone: (Home)			Phone: (Work)		
Phone: (Mobile)			Fax:		
Email:					
Postal Address:					
Suburb:					
State:			Postcode:		
Company you work for:					
Occupation:					
Location:					
List at least 2 forms of ID (e.g. Drivers License, MSIC Card, HRWL) and 2 PASSPORT PHOTOS.					
ID Type	ID #		Admin to Sign		
2 x PASSPORT PHOTOS ATTACHED <input type="checkbox"/>					
LOGBOOKS REQUIRED FOR ON THE JOB TRAINING (please tick)					
<input type="checkbox"/>	DG - DOGGING	<input type="checkbox"/>	CN – NON-SLEWING MOBILE CRANE		
<input type="checkbox"/>	RB - BASIC RIGGING	<input type="checkbox"/>	CV – VEHICLE LOADING CRANE		
<input type="checkbox"/>	RI - INTERMEDIATE RIGGING	<input type="checkbox"/>	C2 – SLEWING MOBILE CRANE		
<input type="checkbox"/>	RA - ADVANCED RIGGING	<input type="checkbox"/>	C6 – SLEWING MOBILE CRANE		
<input type="checkbox"/>	SB - BASIC SCAFFOLDING	<input type="checkbox"/>	C1 – SLEWING MOBILE CRANE		
<input type="checkbox"/>	SI - INTERMEDIATE SCAFFOLDING	<input type="checkbox"/>	CO – SLEWING MOBILE CRANE		
<input type="checkbox"/>	SA - ADVANCED SCAFFOLDING	<input type="checkbox"/>	CB – BRIDGE AND GANTRY CRANE		
<input type="checkbox"/>	LF - FORKLIFT	<input type="checkbox"/>	CP - PORTAL BOOM CRANE		
<input type="checkbox"/>	WP - ELEVATED WORK PLATFORM	<input type="checkbox"/>	CT – TOWER CRANE		
<input type="checkbox"/>	TELEHANDLER	<input type="checkbox"/>	CD – DERRICK CRANE		

IMPORTANT: You must include clear copies of all identification you have listed on this registration form.

Please fax to 08 9410 2518 or email fiona@mtag.com.au