

# Trainee Limited Certificate Application



Please see the back of the form for additional information. Please print clearly in black or blue pen and complete all required sections of the form.

## Personal Details

<b>Last Name</b>	<input type="text"/>	<b>Email</b>	<input type="text"/>
<b>First Name</b>	<input type="text"/>	<b>Street address</b>	<input type="text"/>
<b>Middle Name</b>	<input type="text"/>		<input type="text"/>
<b>Preferred Name</b>	<input type="text"/>		<input type="text"/>
<b>Date of Birth</b>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Postcode</b>	<input type="text"/>
<b>Home Phone</b>	<input type="text"/>	<b>Postal address (if different)</b>	<input type="text"/>
<b>Work</b>	<input type="text"/>		<input type="text"/>
<b>Mobile</b>	<input type="text"/>		<input type="text"/>

## What you are applying for

### Trainee Limited Certificate Required

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Electrician          | <input type="checkbox"/> Electrical Appliance Serviceperson | <input type="checkbox"/> Line Mechanic |
| <input type="checkbox"/> Electrical Installer | <input type="checkbox"/> Electrical Service Technician      | <input type="checkbox"/> Cable Joiner  |

## Information supporting the application

### Safety Training – Specify what safety training you have done

	Where (name of training provider)	Date completed (Day/Month/Year)
Safe working practices	<input type="text"/>	<input type="text"/>
Testing	<input type="text"/>	<input type="text"/>
First Aid	<input type="text"/>	<input type="text"/>
CPR	<input type="text"/>	<input type="text"/>

### If you belong to an Industry training organisation, please provide the following information.

**Training Identification Number**   ESITO  ETITO

## Declaration

<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Signature</b>	<b>Date</b>

## Details of Traineeship (employer)

**Employer**

## Details of Traineeship Supervisor (supervisor must complete)

**Supervisor's Name**

I accept responsibility for the prescribed electrical work carried out by the above named applicant and will ensure that supervision is offered in accordance with the Electricity (Safety) Regulations 2010, and the trainee supervision guidelines issued by the EWRB.

<input type="text"/>	<input type="text"/>
<b>Signature of supervisor</b>	<b>Registration No.</b>
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>Date</b>



\*EWTLC\*

## Safety Training requirements

### Safe working practices

This is appropriate to the type of work being undertaken. (This must relate to the class of registration held.)

- Line Mechanics and Cable Jointers, within 14 months preceding that date of application.
- All others, within 24 months preceding the date of application.

### Testing

This is appropriate to the type of work being undertaken. (This must relate to the class of registration held.)

- Line Mechanics and Cable Jointers, within 14 months preceding that date of application.
- All others, within 24 months preceding the date of application.

### Basic First Aid

This is appropriate to the type of work being undertaken. (This must relate to the class of registration held.)

- Line Mechanics and Cable Jointers, within 14 months preceding that date of application.
- All others, within 24 months preceding the date of application.

### Cardio-pulmonary resuscitation (CPR)

This is appropriate to the type of work being undertaken. (This must relate to the class of registration held.)

- Line Mechanics and Cable Jointers, within 7 months preceding that date of application.
- All others, within 24 months preceding the date of application.

## Checklist

Have you:

- completed all required safety training
- attached membership of a trainee organisation (if applicable)
- attached details of traineeship (if applicable)

### Privacy Notice

Any personal information submitted on this application will be kept and maintained by the Electrical Workers Licencing Group ("the EWLG") in accordance with the New Zealand Privacy Act 1993. Personal information submitted will be used by the EWLG for determining whether applications for registration as an electrical worker, practicing licences, provisional licences, or trainee limited certificates may be granted, and for the maintenance and administration of the Electrical Workers Register. You may request access to see any information held about you and where that information is inaccurate, ask for it to be corrected.

Please return this form to:  
**Electrical Workers Registration Board,  
PO Box 10 156, Wellington 6143, New Zealand**

**For more help, call our helpline on 0800 661 000 between 8 am and 5 pm Monday to Friday  
or email [info@ewr.govt.nz](mailto:info@ewr.govt.nz).**