



Electrical Safety & Technical Training Registration Form

Mail/Fax/Email the completed form to:
 Electrical Safety Authority
 400 Sheldon Drive, Unit 1
 Cambridge, Ontario N1T 2H9
 Tel.: 1-877-372-7233 Fax: 1-800-667-4278
 Email: esa.cambridge@electricalsafety.on.ca

PART 1 EMPLOYER INFORMATION

Complete this section if payment is being made by an employer.

Employer Name:	
Address:	ESA Account # (if applicable):
City:	ESA ACP # (if applicable):
Postal Code:	Telephone #:
Contact Name:	Fax #:
Contact Title:	Email Address:

PART 2 ATTENDEE INFORMATION

A registration form is required for each attendee.
 All training correspondence is mailed to the address provided below. Therefore, for privacy purposes, personal contact information is preferred.

Attendee Name:	
Home Mailing Address:	ESA Training Attendee #: (If you do not have an ESA Training Attendee # one will be assigned to you.)
City:	Date of Birth (yyyy/mm/dd):
Postal Code:	Email Address:
Home Telephone #:	Cellular #:
If you are a Licensed Master Electrician please provide your ME Licence #:	

PART 3 COURSE INFORMATION

Course ID #:	Course Location (city):
Course Name:	Course Date:
Notes: <ul style="list-style-type: none"> Occasionally it is necessary to add or cancel a course. Please visit the "Safety & Technical Training" section of www.esasafe.com for calendar information. Pre-Master Electrician Course registrations include the fee for the course, Student Manual and Master Electrician Examination Reference Material. 	

PART 4 PAYMENT INFORMATION

<input type="checkbox"/> ESA ACCOUNT #: _____		
<input type="checkbox"/> CHEQUE ENCLOSED (Payable to the Electrical Safety Authority)		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> AMERICAN EXPRESS
Card Number:	Expiry Date (mm/yyyy):	
Name on Card:	Signature:	
Payment Amount: \$ _____ + \$ _____ HST (13%) HST Registration Number: 87391-1424-RT-0001	Total: \$ _____	

For course pricing please visit www.esasafe.com or call 1-877-ESA-SAFE (372-7233)



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Please enter the same course ID and name you noted in Part 3

Course ID #:
Course Name:

PART 5 CONSENT TO RELEASE STATEMENT

If an employer requires test results for their records, such information should be obtained directly from their employee. In the rare event an employer cannot obtain this information directly from their employee, the ESA will provide a value added service of issuing a duplicate copy of the test results provided the Attendee named in Part 2 of this document signs the following "Consent to Release" statement.

The ESA's Privacy and Access Code (the "Code"), which forms part of the Administrative Agreement between the ESA and the Ministry of Government and Consumer Services, prevents ESA from releasing an individual's personal information to a third party without their written consent. The Code states that personal information shall not be used or disclosed to a third party for purposes other than those for which it was collected, except with the consent of the individual to whom the information relates. As such, personal information, including but not limited to test results, cannot be disclosed to a third party irrespective of who pays the course fee.

Signing the "Consent to Release" statement is optional and at the Attendee's sole discretion.

I am the individual named in Part 2 of this document and hereby consent to the release of my personal information in relation to my academic achievement on the Electrical Safety Authority ("ESA") test for the course identified in Part 3 of this document. The aforementioned information is only to be released by the ESA, to the third party identified in Part 1 of this document.

I understand by signing this Consent to Release statement that I am agreeing to the release of the afore-mentioned information to the third party named in Part 1 of this document. I understand that I may revoke this consent at any time upon written notice to the ESA at:

Electrical Safety Authority
Attention: Training Solutions
400 Sheldon Drive, Unit 1
Cambridge, Ontario N1T 2H9

The ESA is committed to maintaining the accuracy, security and privacy of personal information in accordance with applicable Canadian privacy laws and ESA's Privacy and Access Code.

Attendee Name: _____
(Please Print Clearly)

Signature: _____

Date: _____

Training Registration Cancellation/Substitution Policy (If applicable)

Training registration cancellation requests will be subject to a refund processing fee of \$28.⁰⁰ + HST (\$31.64). Attendee substitutions will be accepted until 3:00 p.m. one business day before the course.

Privacy Statement

By submitting personal information to the Electrical Safety Authority, or its agents and service providers, you agree that ESA may collect, use and disclose such personal information in accordance with its privacy policy, applicable laws or pursuant to our administrative agreement with the Province of Ontario. If you provide us with the personal information on behalf of another individual, you represent that you have all necessary authority and/or have obtained all necessary consents from such individual to enable us to collect, use and disclose such personal information for the purposes set forth in our Privacy Policy. A copy of our policy is located on our website at www.esasafe.com.