ILLAWARRA INSTITUTE

Account Creation Form – Employer e-Services

PLEASE COMPLETE A SEPARATE FORM FOR EACH LEGAL & TRADING NAME

Legal Name of Employer:

Trading Name of Employer:

Employer Address:

Suburb State Postcode

Employer Phone: Fax

Email:

Employer Contact Name:

Employer Signature Date

Please list your current Apprentices/Trainees registered with TAFE NSW

Given names	Family Name	Date of Birth	Qualification

Office Use Only

- ❑ All listed apprentices/trainees in TPL
- ❑ All apprentices/trainees against nominated employer
- ❑ TPL records matched to SIS
- ❑ Full Training Plans viewable online
- ❑ Access approved
- ❑ Password & Username Issued – Date _____ By _____
- ❑ Password & Username Screen printed and attached.