



SURFACE COATINGS ASSOCIATION AUSTRALIA

Surface Coatings Association Australia Inc. | Incorporated in South Australia | ABN 83 663 472 596

ENROLMENT FORM/TAX INVOICE – SCAA MEMBER

(This becomes a Tax Invoice when payment is received – please keep a copy for your records.)

Advanced Course in Surface Coatings Technology.

The course is online, self-paced and with full synchronised voice-over. The syllabus comprises 49 modules, structured into 6 units. Early units of the program cover the types of materials used in coating manufacture: polymers, pigments, solvents and additives. The later units build upon this foundation, covering the formulation and applications of surface coating products.

Unit One: Polymers (14 eLearning modules)

Unit Two: Solvents and Additives (6 eLearning modules)

Unit Three: Pigments and Colour (7 eLearning modules)

Unit Four: Coatings Types (16 eLearning modules)

Unit Five: Printing Inks (2 eLearning modules)

Unit Six: Technical Management (4 eLearning modules)

Course Prerequisites

Due to the level of technical content, the general requirement is a Degree or Diploma in Chemistry or an equivalent qualification. Those without a tertiary qualification may apply, but must have successfully completed a Secondary Year 12 certificate including Chemistry, with a recommended minimum 5 years of relevant experience in the coatings or related industry. A high level of English language ability is required.



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Surface Coatings Association Australia is a member of Coatings Societies International

Enrolment details

FAMILY NAME:

**GIVEN
NAME(S):**

ADDRESS:

POSTCODE:

TELEPHONE: (Work):

(Home):

(Mobile):

SCAA Membership No. _____

EMAIL:

EMPLOYER:

ADDRESS:

POSTCODE:

SIGNATURE: _____

DATE

___/___/2014

SIGNED:

TOTAL AMOUNT PAYABLE:

SCAA Member Course Fee (Total price includes GST)

\$1760.00

Payment methods

EFT

BANK: ANZ
BSB: 013-233
ACCOUNT NAME: Surface Coatings Association Australia
ACCOUNT NUMBER: 3510-00571

CREDIT CARD PAYMENT

Mastercard/Visa/Diners Club/American Express (Please indicate) **AMOUNT:** \$ 1760.00

CARD NUMBER: _____/_____/_____/_____

EXPIRY DATE: ____/____ **DATE SIGNED:** ____/____/2014

NAME ON CARD: _____

CARDHOLDER SIGNATURE _____

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Please photocopy/scan and mail or email with payment to:

SCAA Secretariat, PO Box 3141, Wheelers Hill VIC 3150, Australia

IF PAYMENT IS TO BE MADE BY EMPLOYER, UPON INVOICING BY SCAA,

PLEASE COMPLETE EMPLOYER'S DETAILS BELOW:

CONTACT NAME:

TELEPHONE:

EMAIL: