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| **Electrical System Advisor and Electrical System Officer Form** | | |
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| University: | | |
| Car: | | |
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| **Electrical System Advisor Information** | | |
| Name and Contact Information  Enter Relevant Professional Experience/Qualifications | | |
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| **Electrical System Officer Information** | | |
| Name and Contact Information  Enter Relevant Electrical System training that has been received | | |
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| **Basic Electrical Training for the team** | | |
| Enter details of any basic training on working with electrical systems that all team members received | | |
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| Faculty Advisor Name (print): | | |
| Faculty Advisor Signature: | | |
|  | | |
| Team Leader Name (print): | | |
| Team Leader Signature: | | |
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