

Course Enrolment Form



Personal Details - Please use BLOCK LETTERS when completing the enrolment form.

Title	_____	Phone (h)	_____
First Name	_____	Phone (w)	_____
Last Name	_____	Phone (m)	_____
Address	_____	Fax	_____
Suburb	_____	Email	_____
State	_____	Date of Birth	_____
Postcode	_____	Sex	Male / Female (please circle)
Preferred Contact	Post / Fax / Email (please circle)		

Course Details

Accredited Courses	Tick	Cost	Accredited Courses	Tick	Cost
Apply Advanced Resuscitation	<input type="checkbox"/>	\$140.00	Oxygen Administration	<input type="checkbox"/>	\$80.00
Apply Advanced Resuscitation Update	<input type="checkbox"/>	\$120.00	Spinal Management	<input type="checkbox"/>	\$100.00
Apply Advanced First Aid	<input type="checkbox"/>	\$210.00	Analgesic Gases	<input type="checkbox"/>	\$60.00
Apply Advanced First Aid Update	<input type="checkbox"/>	\$180.00	Defibrillation	<input type="checkbox"/>	\$80.00

Date***

Preference 1 _____
Preference 2 _____
Preference 3 _____

Venue

*1 day practical Course plus online theory test to be completed in your own time.
**1 day practical course plus take home workbook to be completed in your own time.
***If your first preference is not available due to the number of enrolments, Training Aid Australia reserves the right to enrol you into your second or third preference.

Terms of Enrolment

I acknowledge that if my application to enter the Training Aid Australia course is successful, Training Aid Australia will contact me with my course enrolment confirmation. I have read, understood, acknowledge and agree to the declaration of the Terms and Conditions of enrolment from the Training Aid Australia website (including):

Refund Policy	Yes / No (please circle)	Waiver/Indemnity	Yes / No (please circle)
Complaint/Appeals Procedure	Yes / No (please circle)	Privacy Statement	Yes / No (please circle)

Payment Details

Payment Amount \$ _____

Credit Card Payment Visa Mastercard (please tick)

Cheque Payment

Please make cheques payable to Training Aid Australia Pty Ltd for the EXACT amount. To be received 5 days prior to course.

Card Number

Expiry Date _____ / _____ Card Name _____

Signature _____

Declaration

I have read, understood, acknowledge and agree to the declaration, Terms and Conditions outlined including the warning, exclusion of liability, release and indemnity. I acknowledge that if my application to enter the Training Aid Australia course is successful, I will be entitled to participate in the Training Aid Australia course.

Full Name _____ Date _____ Signature _____

Where the applicant is under 18 years of age, this form must also be signed by the applicants parent or legal guardian.

I, _____ am the parent of guardian of the applicant. I expressly agree to be responsible for the applicants behaviours and the terms attached. I consent to the applicants entry to, and if accepted, participation in the Training Aid Australia course.

Full Name _____ Date _____ Signature _____

Book early to avoid disappointment. Mail or fax enrolment form with payment to Training Aid Australia. Enrolments will not be accepted without full payment.

Please complete the enrolment form and forward to Training Aid Australia with payment

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