Course Enrolment Form

Training Aid Australia Pty Ltd

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

Title _____
First Name _____
Last Name _____
Address _____
Suburb _____
State _____
Postcode _____
Preferred Contact Post / Fax / Email (please circle)

Phone (h) _____
Phone (w) _____
Phone (m) _____
Fax _____
Email _____
Date of Birth _____
Sex Male / Female (please circle)
Where did you hear about us? _____

Course Details

Online Courses	Tick	Cost
Online CPR Training	☐	$30.00
Online Defibrillation (AED) Training	☐	$30.00
Online Anaphylaxis Training	☐	$40.00
Online Asthma Training	☐	$40.00

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

Payment Details

Payment Amount $ _____

Cheque / Money Order ☐ (please tick)
Please make cheques payable to Training Aid Australia Pty Ltd for the EXACT amount. To be received 5 days prior to course.

Cash on Day ☐ (please tick)
Please ensure that your enrolment form has been received prior to the commencement of the course

Credit Card Payment Visa ☐ Mastercard ☐ (please tick)

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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