

Focus on Safety Pty Ltd

Registration Form Chief Fire Warden Awareness

Please complete and return this form - Email - admin@focusonsafety.com.au

	PANY NAME (or private partic		_			
	ΓAL ADDRESS:					
			POSTCODE:			
PHOI	NE:	FAX:	AX: CONTACT PERSON:			
	PLEASE NOTE	: Please ensure particip Morning tea will			r own lunch.	
cos	r: \$185.00 per attendee					
DATE of Training:			START TIME:			
DUR	ATION: 2-3 Hours		LOCATION: Focus on Safety			
Attendees are asked to arrive at least 10 min prior to course start time. No late attendees will be admitted once the course has commenced and as a result the non attendance fee shall apply. As part of this course a practical assessment is conducted. Attendees are required to wear suitable clothing and safety footwear.						
	Candidates Name	USI Number		Candidates Name	USI Number	
1			4			
2			5			
3			6			
Are you applying for RPL/RCC Yes □ No □ If Yes, please fill out the RPL/RCC form (available from Office) Are you aware of any special needs of your attendees: Yes □ No □ If Yes, please inform the office prior to course commencement						
METHOD OF PAYMENT						
☐ Cheque or Money Order (Payable to Focus On Safety Pty Ltd) ☐ Credit Card. Please debit my (name account type): ☐ Visa ☐ Master Card ☐ Bankcard Verification Code Account Number : _ : _ : _ Expiry Date: _ / _ Name on Card Debit amount: AUD\$: _ : _ : _ Purchase Order Number: : : :						
Please ensure that the method payment is completed prior to returning to Focus On Safety.						
Focus On Safety Pty Ltd realise that cancellation or deferment of a course is sometimes unavoidable and therefore have established the following guidelines: • Focus On Safety Pty Ltd registration/booking form binds the client to full payment on completion of the Training or Assessment • No penalty applies if student is moved to another course date in the first instance. However if student is moved multiple times full course fees will apply • Full fee if cancellation request is received less than 48 hours before the commencement of the course Authorisation: I have read and agree to the conditions of the Cancellation Policy. I confirm the above enrolment for myself/my company for						
Aut	training to be conducted by Focus					
Nar	ne:	Signature:	_ Positio	n:	Date:	
		CONFIRMATION I	NUM	BER:		