



Focus on Safety Pty Ltd

Registration Form

HLTAID001 – Provide Cardiopulmonary Resuscitation

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

COMPANY NAME (or private participants name if not going through company):

POSTAL ADDRESS:

POSTCODE:

PHONE:

FAX:

CONTACT PERSON:

PLEASE NOTE: Please ensure participants are advised to bring their own lunch.
Morning tea will be supplied by FOS

COST: Refresher \$95.00 (GST Exempt) per attendee.

DATE of Training:

START TIME:

DURATION: 2-4 hrs

LOCATION: Focus on Safety

Attendees are asked to arrive at least 10 min prior to class start time. No late attendees will be admitted once the course has commenced and as a result the non attendance fee shall apply.

	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.

Cancellation Policy

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 training to be conducted by Focus On Safety Pty Ltd. No payment will be deducted until commencement of the course.

Name: _____ Signature: _____ Position: _____ Date: _____

CONFIRMATION NUMBER:

Focus On Safety Pty Ltd

147 Maison Dieu Road, Singleton NSW 2330 AUSTRALIA

Phone 61 2 65713333 Fax 61 2 65713344 Email admin@focusonsafety.com.au