



# Focus on Safety Pty Ltd

**Focus On Safety**  
PTY LTD  
Industry Training Specialists  
Ph: 02 6571 3333

## REGISTRATION FORM

HLTAID003 – Provide First Aid

HLTAID001 – Provide Cardiopulmonary Resuscitation

Please complete and return this form - Fax 02 65713344

Email – admin@focusonsafety.com.au

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

POSTAL ADDRESS:

POSTCODE:

PHONE:

FAX:

CONTACT PERSON:

**Provide First Aid & CPR Full Course** - \$160.00 (GST exempt) per attendee 7:30am – 3:00pm

Please note attendees are required to complete the pre course questionnaire PRIOR to attending the training. If they do not complete the pre course work and are unable to hand in on arrival at the course they will be refused entry and a non-attendance fee will be charged

**REFRESHER Provide First Aid & CPR Course** - \$95.00 (GST exempt) per attendee 7:30am – 3:00pm

Please note attendees are required to complete the pre course questionnaire PRIOR to attending the training. If they do not complete the pre course work and are unable to hand in on arrival at the course they will be refused entry and a non-attendance fee will be charged. We also require a copy of their current qualification to be sent with registration form.

DATE of Training: ..... Time: 7:30am – 3:00pm

DURATION: 8 Hours

LOCATION: Focus on Safety

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

Attendees are asked to arrive by 7.15am. 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 |                 |            | 3 |                 |            |
| 2 |                 |            | 4 |                 |            |

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

6a Cockatoo Street, Singleton NSW 2330 AUSTRALIA

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Fax 61 2 65713344

Email admin@focusonsafety.com.au