

Course Registration Form (Group Booking)



COMPANY DETAILS

Company Name: _____

Contact Name: _____

Position: _____

Phone: _____ Fax: _____

Email: _____ Mobile: _____

Office Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

COURSE ENROLMENT INFORMATION

Course Name:	
Course Date(s):	Preferred Start Time:
Number of Participants:	
Course Location:	
Total Cost for Course Booking: \$	

ADDITIONAL INFORMATION

Do you consider any of your staff to have special needs (for example: English language support, use of mathematics at work, or long term impairment) that will impact on learning during this program (please circle)?

Yes No

If yes, please provide more information so that we can prepare, in consultation with you and your staff member/s, the appropriate and relevant support arrangement:

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PAYMENT DETAILS (please tick)

Please find enclosed a **CHEQUE or MONEY ORDER** for \$_____ (Payable to PeopleSafe Australia)

I intend paying by **DIRECT DEPOSIT** (please contact us for invoicing arrangements/account details)

TERMS AND CONDITIONS

1. Payment is required at least 15 working days prior to course commencement.
2. Any course cancelled within 10 working days prior to the commencement date will incur a fee equivalent to 100% of the nominal daily training rate.
3. Postponement of any course within five working days of the course commencing will incur an administrative fee of 50% of the nominal daily training rate.

DECLARATION

I declare that the information supplied on this form is correct and complete. I have read, understood and agreed to PeopleSafe Australia's policies and procedures described in the Participants Handbook and Course Information Brochure.

Name: _____

Signature: _____

Date (DD/MM/YYYY): _____

PLEASE FORWARD THIS FORM WITH PAYMENT TO:

Mail: PO Box 600, Sutherland, NSW 1499

Fax: 02 8580 6330

Email: training@peoplesafe.com.au

Thank you for your business.