

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):	Course Location:
Participant's Names	Participant's Names
1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.
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)

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.

I understand that at least 100 points of identity evidence for every participant is required (by WorkCover NSW) prior to commencing this course. This needs to be provided to the trainer on day one (1) of the course. I understand that WorkCover will not allow participants without adequate identification to commence the course and that refunds cannot be made in this case.

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