

FIRST AID TRAINING COURSE APPLICATION

Office Use only	Receipt No. _____	Course No. _____
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Applicant Details	
Name	_____
Address	_____
	_____ Tasmania 7_____
DAYTIME Phone Contact Number	_____

If you have any specific learning difficulties which we can assist you with, please indicate by ticking the box at the end of this line and you will be contacted to discuss how we can help you.	Please contact me
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Course Details	
<input type="checkbox"/> 40 Melville St, Hobart	<input type="checkbox"/> 16 Alexander St, Burnie
Venue(tick box) <input type="checkbox"/> 54 Paterson St, Launceston	<input type="checkbox"/> Red Cross Hall, King Edward St, Ulverstone
Course Type _____	
Start Date ____ / ____ / 2005	End Date ____ / ____ / 2005
Course Times _____ to _____ x _____ session(s) Course Cost \$ _____	

PRE – ENROLMENT IS ESSENTIAL.

Class sizes are limited. Please return this form with payment as soon as possible to avoid disappointment. Course Applications are processed in order of receipt. Confirmation will be mailed to you. Should you wish to cancel or transfer 5 working days notice is required. Less than 5 days may incur a fee.

Courses with low student numbers may be postponed or cancelled, in which case a transfer or refund will be arranged.

Return this form to: Australian Red Cross - 40 Melville Street, Hobart, Tas, 7000

Toll Free: 1300 367 428 Phone: 62 356043 Fax: 62 356053

Cheques made payable to Australian Red Cross.

Tax Invoice to be sent to: <u>Note:- Only applies to a Registered Business / Organisation</u>
Company Name _____
Address _____ Tasmania 7_____
Contact Name _____ Contact Phone No. _____
Purchase order number _____

Debit my Credit Card (Visa, Mastercard, or Bankcard only)	
Name _____	Card No. ____ / ____ / ____ / ____
Expiry Date ____ / 200__	Signature _____ Course Cost \$ _____