



Australian Red Cross

THE POWER OF HUMANITY

First Aid Courses Registration form South Australia

Telephone

(08) 8293 9200

or 1300 367 428

1. In which country were you born?

Australia Other - Please specify _____

2. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No, English only Yes, other - Please specify _____

3. How well do you speak English?

Very well Well Not well Not at all

4. Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal AND Torres Strait Islander origin, mark both YES boxes.)

No Yes, Aboriginal Yes, Torres Strait Islander

5. Do you consider yourself to have a disability, impairment or long-term condition which may affect your learning capabilities?

Yes No

6. If yes, then please indicate the areas of disability, impairment or long-term condition.

(You may indicate more than one area).

Hearing/Deaf Physical Intellectual
 Learning Mental Illness Acquired Brain Impairment
 Vision Medical Condition Other _____

PLEASE COMPLETE BOTH SIDES OF THIS SHEET

Registration Form

Course Registration/Tax Invoice ABN 501 695 613 94015

Title: Mr/Mrs/Miss/Ms/Other (one only) _____

Surname _____

Given names _____

Date of Birth _____

Home Address _____

_____ P/Code _____

Previous Address _____
(if different from above)

_____ P/Code _____

Phone (H) _____ Phone (W) _____

Mobile _____ Facsimile _____

Email _____

Employer _____

Work Address _____

_____ P/Code _____

**Return with payment to
Australian Red Cross Training Services
Unit 2, 229 Marion Road
Marleston SA 5033**

**Fax to 8293 9299
Email SAfirstaid@redcross.org.au**

I _____
give Australian Red Cross permission to disclose information about
my course to a legitimate 3rd party.

OFFICE USE ONLY

Course No.	
Registration Fee	
Manual/notes	
TOTAL	
Receipt No.	

PLEASE COMPLETE BOTH SIDES OF THIS SHEET

Please enrol me in:

- Senior First Aid
 - Senior First Aid Revision
 - Occupational First Aid
 - Occupational First Aid Revision
 - Remote First Aid
 - Basic First Aid
 - Basic Emergency First Aid (DECS)
 - Other _____
- Cardiopulmonary Resuscitation (CPR)
 - Advanced CPR
 - Advanced CPR Requalification
 - Preliminary First Aid
 - Babysitting Course
 - Emergency First Aid for Parents & Care Givers

Commencing on _____ Date of last course: _____
 Venue _____ at (time) _____

Are you undertaking first aid training for:
 Work purposes Private reasons

Do you require CPR Assessment? Yes No

Do you require special assistance for the following? (please indicate)
 ESL Physical Disabilities Interpreter
 Other _____

Please elaborate if applicable: _____

Please do not send any general Red Cross information

Payment Details (Full Fee / Concession) (Cheque being sent)

Mastercard Visa Bankcard Amex Diners Club
 Card No. _____ Expiry __ / __
 Name of Cardholder _____
 Signature of Cardholder _____

Invoice Details - account holders only

Mark Invoice to _____ Order No. _____
 Company _____
 Address _____

7. What is your highest COMPLETED school level?

(Tick ONE box only)

- | | |
|--|--|
| <input type="checkbox"/> Completed Year 12 | <input type="checkbox"/> Completed Year 11 |
| <input type="checkbox"/> Completed Year 10 | <input type="checkbox"/> Completed Year 9 or lower |
| <input type="checkbox"/> Completed Year 8 or lower | <input type="checkbox"/> Did not go to school |

8. In which year did you complete that school level?

9. Are you still attending secondary school?

- Yes No

10. Have you SUCCESSFULLY completed any of the following qualifications?

- Yes No If YES, then tick ANY applicable boxes

- Bachelor Degree or higher Degree
- Advanced Diploma or Associate Degree
- Diploma (or Associate Diploma)
- Certificate IV (or Advanced Certificate / Technician)
- Certificate III (or Trade Certificate)
- Certificate II
- Certificate I
- Certificates other than above

11. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

- Full-time employee
- Part-time employee
- Self-employed - not employing others
- Employer
- Employed - unpaid worker in a family business
- Unemployed - seeking full-time work
- Unemployed - seeking part-time work
- Not employed - not seeking employment

12. How did you hear about this centre?

- | | |
|--|--|
| <input type="checkbox"/> Relation/friend | <input type="checkbox"/> Pamphlet through mail |
| <input type="checkbox"/> Work situation | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Existing internal / external networks | |
| <input type="checkbox"/> Yellow pages | <input type="checkbox"/> Other |

13. Your major reason for study? (Tick ONE box only)

- Get a job
- To develop my existing business
- To start my own business
- To try for a different career
- To get a better job or promotion
- It was a requirement for my job
- I wanted extra skills for my job
- To get into another course of study
- For personal interest
- For self-development
- Other reasons