

Application for Enrolment

Applicant Details

_____	_____	_____
First Name	Middle Name/s (optional)	Last Name
_____		_____
Address		Postcode
Date of Birth	_____	Telephone

Email address (only for online courses)		

Employer (if workplace course)		

Course Details

Please mark the course in which you wish to be enrolled.

Perform CPR	<input type="checkbox"/>	Apply First Aid—with Online Theory	<input type="checkbox"/>
Provide Basic Emergency Life Support	<input type="checkbox"/>	Apply First Aid—with Workbook Theory	<input type="checkbox"/>
Automated External Defibrillation	<input type="checkbox"/>	Apply First Aid—2 day Face to Face	<input type="checkbox"/>
Basic Oxygen Administration	<input type="checkbox"/>	Apply First Aid—Refresher	<input type="checkbox"/>
Emergency Asthma Management	<input type="checkbox"/>	Occupational First Aid (Advanced)	<input type="checkbox"/>
First Aid Management of Anaphylaxis	<input type="checkbox"/>	Follow Safe Manual Handling Practices	<input type="checkbox"/>
Provide First Aid in Remote Situation	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Special Needs

Please provide details of any special needs in relation to language, literacy and numeracy, health issues, physical limitations or learning difficulties.

Declaration

I have read and understood the course information and agree to abide by all training and assessment requirements.

Applicant Signature	_____	Date	_____
---------------------	-------	------	-------