



First Aid Educators

PO Box 4291, Narre Warren Sth VIC 3805

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STUDENT DETAILS

Full Name: _____

Email Address: _____

Please print clearly in lower case

Postal Address: _____

_____ **Post Code** _____

Mobile Ph: _____ **Other Ph:** _____

- Course:**
- Perform CPR (\$60) Provide Basic Emergency Life Support (\$110)
- Apply First Aid - 1 Day (\$135) Apply First Aid Refresher (\$135)*
- Course in First Aid Mgt of Anaphylaxis (\$60) All prices are per person

***Apply First Aid Refresher** - Students must have a current HLTF301B Apply First Aid or Level 2 First Aid Certificate or equivalent. Please provide a copy of your current certificate with your enrolment forms.

Venues: Oakgrove Community Centre (Narre Warren Sth) **WEEKDAY COURSES**
Narre Hampton Park Uniting Church (Hampton Park) **ANAPHYLAXIS & SAT COURSES**

Date: ___/___/___ **Time:** _____ **Location:** _____

Date: ___/___/___ **Time:** _____ **Location:** _____

Payment Method Money Order Cheque VISA MasterCard

Payment must be received in full to confirm enrolment

For VISA / MasterCard

Card Holders Name: _____

Card Number: _____ / _____ / _____ / _____ **Expiry Date:** ____/____ (mm/yy)

Total Amount Payable: \$ _____ **Card Holders Signature:** _____

Cheques / Money Orders Made Payable to: 'First Aid Educators'

I have read and understood the Course Cancellation/ Refund Policy. I give permission to First Aid Educators to supply Australian First Aid (the Registered Training Organisation) with my personal details (including name, address, phone numbers, DOB & assessment results), for the purposes of issuing my Nationally Recognised Certificate and for the conduct of this course.

Student Signature: _____ **Date:** _____