



TRAINING ENROLMENT FORM

USI NUMBER: _____

You must have a Unique Student Identifier number to complete training from January 1st 2015. If you do not have one, please register for your number at www.usi.gov.au or call the office on 88213340.

PERSONAL DETAILS:

SURNAME: _____ FIRST NAME: _____

GENDER: Male Female DATE OF BIRTH: _____

HOME PHONE: _____ MOBILE: _____

EMAIL ADDRESS: _____ LICENCE NO: _____

ADDRESS: _____

TOWN: _____ POSTCODE: _____

EMERGENCY CONTACT: _____ PHONE: _____

DO YOU REQUIRE ASSISTANCE TO COMPLETE TRAINING Yes No

COURSE DETAILS:

- | | | | |
|-------------------------|--------------------------|------------------------------------|--------------------------|
| Child Safe Environments | <input type="checkbox"/> | Responsible Service of Alcohol | <input type="checkbox"/> |
| Whitecard | <input type="checkbox"/> | Learn Safe Drive Safe Learners Day | <input type="checkbox"/> |
| Forklift Course | <input type="checkbox"/> | Provide First Aid | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | CPR Refresher | <input type="checkbox"/> |
| | | Education Care First Aid | <input type="checkbox"/> |

Course Start Date: _____

PAYMENT DETAILS:

Is your course being funded by a third party Yes No

If yes, Organisation: _____ Contact Person: _____

Signature: _____ **Date:** _____

OFFICE USE ONLY

TRAINING BOOKED: Yes No

DATE: _____

LOCATION: _____