

COURSE TRAINING ENROLMENT FORM

USI NUMBER:

You must have a 10 digit Unique Student Identifier number to complete any accredited training from January 1st 2015. If you do not have a USI or lost your USI please register/visit www.usi.gov.au.

PERSONAL DETAILS:

FIRST/GIVEN NAME'S: _____ SURNAME: _____

GENDER: Male Female DATE OF BIRTH: _____

HOME/WORK PHONE: _____ MOBILE: _____

EMAIL ADDRESS: _____

ADDRESS: _____

TOWN: _____ POSTCODE: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

DO YOU REQUIRE ASSISTANCE TO COMPLETE TRAINING Yes No

If yes, please specify: (Reading / Writing / Understanding?) _____

COURSE DETAILS:

Child Safe Environments Whitecard (Construction Site WHS)

Forklift Course (High Risk Licence) Provide First Aid (HLTAID003)

CPR Refresher (HLTAID001) Education Care First Aid (HLTAID004)

Learn Safe Drive Safe Learners Day Other:

Course Date & Location: _____
PHOTO ID WITH CURRENT ADDRESS IS REQUIRED UPON ENROLMENT FOR WHITECARD & FORKLIFT ID can be emailed along with enrolment to: accustomconsulting@gmail.com or texted to: 0407 488 200

PAYMENT DETAILS:

Is your course being funded by a third party Yes No

If yes, which Organisation / Workplace? _____ Contact Person/Position: _____

Signature: _____ Date: _____

OFFICE USE ONLY

TRAINING BOOKED: Yes No

DATE: _____ NOTES: _____

LOCATION: _____