

St John Ambulance
DONNYBROOK SUB CENTRE
FIRST AID TRAINING

INDIVIDUAL ENROLMENT FORM

Name:					
Date of Birth:					
Address:					
	Suburb:		State:		Post Code:
Contact Phone Number:					
Contact Email:					

COURSE DETAILS

Course Name	Course Date

PAYMENT DETAILS

DEBIT / CREDIT CARD:	YES: <input type="checkbox"/> NO: <input type="checkbox"/>					
TOTAL AMOUNT:	\$					
NAME ON CARD:						
CARD NUMBER: / / /				EXP: /		
CARD HOLDER SIGNATURE:						
CASH:	YES: <input type="checkbox"/> NO: <input type="checkbox"/>			CHEQUE:	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	

PAYMENT REQUIRED TO PRIOR TO COURSE ATTENDANCE

Please email the completed form to stjohndonnybrook.com.au
 Fax Number: 08 9731 0142
 For further information, please contact us on (08) 97311577

Participant Acknowledgement Declaration

Date:

Participant Name:

St John RTO No. 0392 is committed to:

- ▶ Providing factual and current information to prospective learners about our courses;
- ▶ Your and our rights and obligations; and
- ▶ Ensuring that the course that you choose meet your needs by taking into account your:
 - Skills;
 - Workplace experience;
 - Education; and
 - Any disabilities;

thus enabling you to make informed decisions about which course is appropriate for you.

Declaration:

I have read and fully understood provided information on:

- ▶ Full Course Code and Titles;
- ▶ Modes of delivery and assessment;
- ▶ Course venues;
- ▶ Pre enrolment and Enrolment requirements;
- ▶ Education and Support Services;
- ▶ Course Fees and Cancellations;
- ▶ Complaints and Appeals Procedure;
- ▶ Participant Rights and Obligations; and
- ▶ Third Party Providers

Signature:

Date:

If you have any further concerns please contact St John via info@stjohnambulance.com.au or call (08) 9334 1233 for further information.