GATEWAY TO TRAINING
COURSE REGISTRATION FORM

Please tick which course you would like to attend

Course: **Provide First Aid HLTAID003** **OR**		☐
Course: **Provide First Aid in Educational Setting HLTAID004**		☐
Date: Friday, 23 October 2020 **Warwick** **Time:** 8.50 am (sharp) to 5.00 pm **Cost:** *$140 per person - Full course*		
Course: *CPR Update HLTAID001* **Date:** Friday, 23 October 2020 **Warwick** **Time:** 8.50 am (sharp) to 12.30 pm **Cost:** *$75 per person*		☐

Pre-Course Assessment

All students must complete a pre-course assessment prior to the day of the course. This assessment is to be completed online. You will also be required to register for a USI number to complete this course

Please note: this pre-course assessment takes approximately 2 - 4 hours

Trainer: Immediate Response First Aid Training   ** Please register no later than one week prior**

Name: _____

Business: _____

Address: _____

Phone: _____ **Mobile:** _____

Email: _____

USI: _____   Unique Student Identifier can be created or retrieved at www.usi.gov.au

Cancellation Terms and Conditions

All courses are subject to demand and should a course be cancelled or deferred due to insufficient interest, a full refund will be provided. Should you be unable to attend, a substitute person will be accepted at no extra charge. For cancellations received **more than ten (10) business days prior to the course, fees will be refunded in full.** For non-attendance, cancellations or transfers received **less than ten (10) business days prior to the course, 100% of fees will be forfeited.** By signing this form, you agree to these terms and conditions.

Signature: _____

Will you require additional assistance to complete this course e.g. assistance with reading, writing, learning difficulties, hearing?

☐ *Yes* ☐ *No* **If yes, please list** _____

How did you hear about this course? ☐ *Noticeboard* ☐ *GTT Website* ☐ *Facebook* ☐ *Word of Mouth*
☐ *Other:* _____

Please tick this box if you do not wish to receive occasional marketing emails from GTT ☐

Registration and Prepayment are Essential

Expiry Date: _____/_____

Card No: _____/_____/_____/_____

Name on Card: _____

Signature: _____

Thank you for registering with Gateway To Training
Please return this form with payment to confirm your place as class sizes are limited

Gateway To Training
15-21 Russell Street / Locked Mail Bag 7
GOONDIWINDI QLD 4390

Phone: 07 4671 2258
Email: info@gttc.com.au
Web:www.gttc.com.au

Office Use Only					
☐	☐	☐	☐	☐	**INV/SR#**
Confirmed Regn	**Entered on Class List**	**Pre-Course Link Sent**	**Pre-Course Completed**	**Confirmed Attendance**	