

## Onsite Course Booking Form

Employer Details:			
Company Name:			
Postal Address:			
Phone:		Fax:	
Email:		Mobile:	
Contact Person:		Purchase Order #:	
What prompted you to use Medilife for your training?			


### Course Type: (please tick which course you require)

#### First Aid Courses:

Apply First Aid 2 days: HLTF301B (Previously known as Senior First Aid)	<input type="checkbox"/>	Perform CPR / CPR Refresher 3-4 hours: HLTCPR201A	<input type="checkbox"/>
Apply First Aid . Fastrack! 1 day: HLTF301B (Previously known as Senior First Aid)	<input type="checkbox"/>	Occupational First Aid 3 days: HLTF301B, HLTF402B & HLTF403A	<input type="checkbox"/>
Apply First Aid . Re-accreditation 1 day: HLTF301B (MUST have a current certificate)	<input type="checkbox"/>	Occupational First Aid - Re-accreditation 2 days (MUST have current OFA certificate)	<input type="checkbox"/>
Apply First Aid . Fastrack! HLTF301B plus Anaphylaxis Awareness 9 hours	<input type="checkbox"/>	First Aid Management of Anaphylaxis 4 hours: 21659VIC	<input type="checkbox"/>
Apply Advanced First Aid 2 days: HLTF402B	<input type="checkbox"/>	Automated External Defibrillation (AED) 4 hours: 21658VIC	<input type="checkbox"/>
Apply Advanced Resuscitation Techniques 1 day: HLTF404A	<input type="checkbox"/>		

#### Fire Courses:

Fire Extinguisher Awareness 2 hours	<input type="checkbox"/>
Fire Warden & Evacuation Awareness 4 hours	<input type="checkbox"/>
Fire Warden & Fire Extinguisher Awareness 5 hours	<input type="checkbox"/>



**Medipak Special Offer**  
 If you order a Medipak at the time of this course booking it is only \$40 (inc GST). RRP \$54.45 + P&H = 38% discount!!!

Yes    Quantity:

#### Safety Courses:

Occupational Health & Safety Consultation 4 days: 90502NSW	<input type="checkbox"/>
Drug & Alcohol Awareness Lecture 2 hours	<input type="checkbox"/>
Manual Handling Awareness 2 hours	<input type="checkbox"/>

**Payment for Onsite Course Bookings:**  
 One invoice / receipt per course will be issued after course completion. If your company uses a purchase order system, please provide the details above and any paperwork required.

Onsite Course Booking Details:		
Preferred Date(s)	Preferred Start Time:	am / pm
1 <sup>st</sup> Preference:    /    /		
2 <sup>nd</sup> Preference:    /    /	Approximate No. of Attendees:	<input type="text"/>
Street address course is to be held at:		
<input type="text"/>		
Parking instructions:		
<input type="text"/>		
Any additional comments:		
<input type="text"/>		

**IMPORTANT NOTE:** Upon receipt of this booking form, Medilife will fax / email you an Onsite Course Confirmation+. Please contact Medilife if you have not received the confirmation within 48 hours of returning this booking form.