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THE COMPLETE PACKAGE

Consulting | Training | Sales | Service

COURSE ENROLMENT FORM – FIRST AID, CPR, LVR

To enrol in one of these courses please fill in the form below and return to MWS. Details above.

Personal Details (legal name as shown on passport or driver licence)		Please use BLOCK letters
Family name:		USI number:
First Name:	Middle Name:	Preferred Name:
Date of Birth: / / (dd/mm/yyyy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____		
Permanent Residential Address:		
Suburb:	State:	Country: Post Code:
Postal Address (if different from above):		
Suburb:	State:	Country: Post Code:
Home Phone:	Work Phone:	
Mobile Phone:	Fax:	
Email:		
Emergency Contact Name:	Phone:	
Employer:		
Employer Address:		
Suburb:	State:	Post Code:
Employer Contact Name:	Telephone:	Fax:

Module/s to be Enrolled in (please indicate)			
<input type="checkbox"/>	Provide first aid	(HLTAID003)	<input type="checkbox"/>
<input type="checkbox"/>	Provide CPR	(HLTAID001)	<input type="checkbox"/>
<input type="checkbox"/>	Provide basic life support	(HLTAID002)	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Course Date:
