

Course Enrolment Form

Learner Details

Family Name _____ First Name _____

Address _____

Post Code _____

Date Of Birth _____ Phone No _____

Employer (if workplace course) _____

Course Details

Please mark the course in which you wish to be enrolled.

Perform CPR

Provide Basic Emergency Life Support

Apply First Aid

First Aid Recertification

First Aid Management of Anaphylaxis

Automated External Defibrillation

Special Needs

Please provide details of any special needs in relation to language, literacy, numeracy, health issues, physical limitations or learning difficulties.

Declaration

I have read and understood the course information and agree to abide by all training and assessment requirements.

Learner Signature _____ Date _____