

TRAINING ENROLLMENT FORM

Your Details			
Name			
Position			
Organisation			
Postal Address		P/Code	
Phone		Fax	
Email			
Please book the following participant/s in for training			
Day 1 date	Course Fee (incl GST)	Participants Name (please ensure correct spelling for certificates)	Course Code
Training Booking Policy for Gaye Cameron & Associates			
Payment Arrangements Payment is required prior to the commencement of course, unless prior arrangements have been made with a 14 day account, billable by Tax Invoice.			
Cancellation of Bookings – <u>must be in writing</u>			
<ol style="list-style-type: none"> Notification – if the cancellation is received 7 days or more before course commences, a full credit will be held for 90 days to be used for the same course or other. Notification – if cancellation is received less than 7 days before the course commences, the full fee of the course is payable. As an alternative to cancelling you can elect to transfer to another course, but must be arranged at the time of notification, together with our transfer fee of \$50 plus GST applies to each participant being transferred. Where no notification is received and the participant fails to attend the course, then the full fee for the training is payable for each course day not attended and not previously advised. 			
Health and Safety Representative Training Courses			
Participants <u>must be</u> elected or deemed HSR's or Deputy HSR's. Gap training is no longer offered in NSW from Jan 1 2013.			
Training Dates missed			
After the course commences, a participant who is unable to attend any day/s of a course, they may make up this day/s on a later public course at a per day fee in addition to the course fee			
<ol style="list-style-type: none"> Initial HSR Training \$115 + GST Health & Safety Committee \$110 + GST Fire Safety Officer/Manager \$ 115 + GST 			
Customer Agreement <i>(please be advised that this booking is not valid until it is signed and returned to Gaye Cameron & Associates)</i>			
<ol style="list-style-type: none"> I the undersigned understand that this course will be conducted as per the above policy statement of Gaye Cameron & Associates, and I agree with the terms of the Policy. I confirm that I have the necessary authority to make this booking. I confirm that the participants for Health & Safety Representative training meet the requirements as stated above. 			
Name of Purchasing Person			
Position Title			
Purchase Order		Date	
Signature			
Invoice Required		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Payments can be made in CASH / CHEQUE / ELECTRONIC FUNDS TRANSFER & NOW 'FASTPay' CREDIT CARD (NB: 2% surcharge applies)



Fax to (02) 9579 5076

work health safety & environment training/consultancy