



Form: A15FA  
 Issue: 2  
 Date: 08/18

**Courses are delivered in partnership with Allens Training Pty Ltd RTO 90909**  
**FIRST AID TRAINING COURSE APPLICATION**  
 - Members and Non-Members

**INSTRUCTIONS:**

1. Completed application form, with course fees or credit card details must be sent directly to the training department
2. **Applications without payment will NOT be processed. Payments will NOT be invoiced to Group or Personal Accounts**
3. Applications **MUST** be received before the closing date, as advertised in the First Aid Training Calendar.

**COURSE DETAILS**

Course Number:        (as shown in the First Aid Training Calendar)

Course Name: \_\_\_\_\_

Course Dates: \_\_\_\_\_ Course Fee: \$ \_\_\_\_\_

Location: \_\_\_\_\_

**APPLICANT'S PERSONAL DETAILS**

Membership No.: \_\_\_\_\_ Title: \_\_\_\_\_ Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Email Address: \_\_\_\_\_  
 (Please print this address as you will be sent a link which requires you to reregister for the course)

Preferred Phone: \_\_\_\_\_ Group/Formation \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Options:**

**1. Cheque / Money Order**

Please make your cheque / Money Order payable to: **Scouts Australia – Queensland Branch Inc.**

Please tick if Receipt required

Drawer: \_\_\_\_\_ Amount: \_\_\_\_\_ Cheque No: \_\_\_\_\_ Bank: \_\_\_\_\_

Please post all cheques, money orders and credit card payments to: Training department PO Box 520, TOOWONG QLD 4066

**2. Credit Card (Credit Card payments can also be accepted over the telephone)**

Please charge my:  Please tick if Receipt required

MasterCard  Visa

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Amount authorised: \_\_\_\_\_

Signature: \_\_\_\_\_

**3. Direct Credit**

Date Paid \_\_\_\_\_ Amount \$ \_\_\_\_\_ Transfer/Deposit Reference \_\_\_\_\_

**Westpac** **Branch:** Fortitude Valley

**Bank:**  
**Account Name:** Scouts Association of Australia, QLD Branch Inc

BSB: 034-010 Account No: 822097

**Applications should be sent to**

Scouts Australia QLD  
 32 Dixon Street  
 Aucherflower QLD 4066  
 PO Box 520  
 Toowong QLD 4066  
 Ph 07 3870 7000 Fax: 07 3870 4960  
 e-mail: training@scoutsqld.com.au

<b>FEES – MEMBERS – (registered on the Queensland Scout Membership System – SMS)</b>		<b>FEES – NON - MEMBERS</b>
HLTAID001 – Provide Cardiopulmonary Resuscitation (3 hours)	\$35.00	\$ 55.00
HTAID003 – Provide First Aid (1 day)	\$50.00	\$100.00
HLTAID005 – Provide First Aid in Remote Situations (2 day)	\$95.00	\$200.00
If circumstances prevent me from attending this course, I understand that I must notify the Branch Support Office at least Seven working days prior to any course. (Please Phone, fax or email.)		

**REFUND AND CANCELLATION POLICY:**

- The full course fee is payable in advance, prior to course registration for the course.
- In the event of a trainee withdrawing from the course the (7days) prior to the course, monies paid will be transferred to a similar course in the future. If NO notice is received prior to the course could result in full course fees being forfeited.
- If a course is cancelled by the Branch Commissioner (Adult Training and Development), monies paid will be transferred to a similar course in the future.

**PRIVACY POLICY:**

The Scout Association of Australia, Queensland Branch Inc. values the privacy of those with whom it deals. It will:

1. only collect and keep personal information necessary for its own purposes;
2. only use personal information for the purposes for which the consent of the individual has been sought;
3. take reasonable steps to ensure that personal information held is accurate, complete and up-to-date;
4. provide access on request by individuals to the personal information held on them and correct anything that is inaccurate, incomplete or out of date.

As a matter of principle, Scouts Australia Queensland Branch Inc. does not provide personal information (e.g. names and addresses) to third parties for use for commercial gain. This includes information obtained from recipients of its training or other services, members, customers, sponsors or donors.

The implementation of this policy will be in accordance with the National Privacy Principles and State/Territory Government privacy requirements.

<b>OFFICE USE ONLY</b>			
<p><u>Mail Tracker:</u></p>  <p>Processed by: _____ Date: _____</p>	<p><u>Payment</u></p> <p><input type="checkbox"/> Credit Card</p> <p><input type="checkbox"/> Cheque</p> <p><input type="checkbox"/> Cash</p>	<p><input type="checkbox"/> Direct Deposit</p> <p><input type="checkbox"/> Grant/Credit</p> <p>Date: _____</p>	