

# FIRST AID TRAINING — PUBLIC COURSE REGISTRATION FORM



**Workplace First Aid (1 Day) – Unit Standards 26551 & 26552**

**Refresher First Aid (6 Hours)**

Company:

Contact:

Address:

Attendee Name:

Email:

Purchase Order No.

Contact Phone No:

Date of Expiry of Current First Aid Certificate (if applicable):

Please  your preferred training date

NZQA Unit Standards Required

Venue

<input type="checkbox"/>	Thursday, 8th December (Workplace First Aid)	Unit Standards Assessments Required: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Bishopdale
<input type="checkbox"/>	Friday, 9th December (Refresher First Aid)		Bishopdale
<input type="checkbox"/>	Thursday, 26th January (Workplace First Aid)	Unit Standards Assessments Required: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Bishopdale
<input type="checkbox"/>	Friday, 27th January (Refresher First Aid)		Bishopdale
<input type="checkbox"/>	Tuesday, 31st January (Workplace First Aid)	Unit Standards Assessments Required: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Bishopdale
<input type="checkbox"/>	Thursday, 2nd February (Workplace First Aid)	Unit Standards Assessments Required: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Bishopdale
<input type="checkbox"/>	Friday, 10th February (Workplace First Aid)	Unit Standards Assessments Required: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Bishopdale
<input type="checkbox"/>	Thursday, 16th February (Refresher First Aid)		Bishopdale
<input type="checkbox"/>	Friday, 17th February (Workplace First Aid)	Unit Standards Assessments Required: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Bishopdale
<input type="checkbox"/>	Thursday, 23rd February (Workplace First Aid)	Unit Standards Assessments Required: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Bishopdale
<input type="checkbox"/>	Friday, 2nd March (Workplace First Aid)	Unit Standards Assessments Required: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Bishopdale
<input type="checkbox"/>	Thursday, 15th March (Workplace First Aid)	Unit Standards Assessments Required: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Bishopdale
<input type="checkbox"/>	Friday, 16th March (Refresher First Aid)		Bishopdale
<input type="checkbox"/>	Thursday, 29th March (Workplace First Aid)	Unit Standards Assessments Required: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Bishopdale
<input type="checkbox"/>	Friday, 30th March (Workplace First Aid)	Unit Standards Assessments Required: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Bishopdale
<input type="checkbox"/>	Thursday, 12th April (Workplace First Aid)	Unit Standards Assessments Required: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Bishopdale
<input type="checkbox"/>	Friday, 13th April (Refresher First Aid)		Bishopdale
<input type="checkbox"/>	Thursday, 19th April (Workplace First Aid)	Unit Standards Assessments Required: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Bishopdale
<input type="checkbox"/>	Thursday, 26th April (Workplace First Aid)	Unit Standards Assessments Required: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Bishopdale
<input type="checkbox"/>	Friday, 27th April (Workplace First Aid)	Unit Standards Assessments Required: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Bishopdale

Refresher First Aid (6 Hours):	8.30 am–3.00 pm	\$90.00 + GST per person
Workplace First Aid (1 Day):	8.30 am–5.00 pm	\$100.00 + GST per person

Prices above include a First Aid Manual

Christchurch Training Venues:	<b>BISHOPDALE</b>	<b>BELFAST</b>
	Bishopdale Tennis Club 35 Leacroft Street Bishopdale	Belfast Rugby Football Club 18 March place (off Belfast Road) Belfast

Payment Options:	<input type="checkbox"/> Visa / Mastercard <input type="checkbox"/> Direct Credit *	<input type="checkbox"/> Payment	\$
Visa / Mastercard Holder Details:	Card No.	Expiry: _____ \ _____	
	Name:	Signature:	

\* Payment by Direct Credit to : TriEx Health, Safety & Wellness Limited, National Bank: 06-0801-0688773-00

**Please note when paying via DC enter Particulars = Name ; Code = Course Date ; Reference = First Aid**

### CONDITIONS OF REGISTRATION

- » Individuals completing the Refresher First Aid course must hold a current First Aid Certificate or once which has lapsed within 3 months of the individuals training date.
- » Enrolment accepted only on payment of fee. TriEx clients may be invoiced.
- » A full refund or credit is given if TriEx cancels a course. The Client has the option to rebook the course.
- » A Client that cancels a course up to seven days prior to course commencement is entitled to a full refund and the option to rebook the course.
- » Any Client that cancels on the day of the course is not entitled to any refund but has the option of rebooking the course.
- » To request a refund or credit the Client needs to apply in writing stating the reason for the refund and why it should be given by telephoning (03) 343 2997.
- » Confirmation of your attendance will be emailed no later than three working days prior to the training. If you do not receive this, please contact us.

Do you have any language restrictions i.e. difficulty in reading or understanding English? Yes  / No

Do you have any injuries or illness that may affect your ability in practical elements of the training? e.g. kneeling on the floor for CPR. Yes  / No

If so, please comment below or call the Operations Manager with details.

Is there any additional information our trainer should be aware of prior to the commencement of your training? Yes  / No

If so, please comment below or call the Operations Manager with details.

**Please Note:** For a copy of our First Aid Student Information Booklet please refer to our website [triex.co.nz/health-and-safety-training/first-aid-courses/](http://triex.co.nz/health-and-safety-training/first-aid-courses/).

If you require any additional information, please don't hesitate to contact the Operations Manager on (03) 343 2997. Thank you.

### OFFICE USE ONLY

<input type="checkbox"/>	Training Confirmed	Date:
<input type="checkbox"/>	NZQA Unit Standards Registered:	Date:
<input type="checkbox"/>	Certificate Sent to Attendee:	Date:
<input type="checkbox"/>	Invoice/Payment Processed	Date:
<input type="checkbox"/>	Training Entered into Mango	Date: