

Short Course Booking Form

Booking ID:

Chort Course	Booking rollin		Dooking	<i>j</i> 10.	
COURSE DETAILS					
Course Name:		/////////Course Start Date:			
Course Location:		/////Course Finish Date:			
CONTACT PERSON / (DRGANISATION DETAILS				
Contact Name:	Compa	Company Name (if applicable):			
Postal Address:					
Phone:	Mobile:	ABN (if applicable):			
Email:Á	/xxxxxxx	Á‱‱Group Bookingkó‱‱ó { à^¦Á; ÁÚædæðajæ) o• kó‱			
PARTICIPANT(S) DETA	This section is to be comp Participants for group boo	eted for individu kings can be add	al or organisation	n public cou d on the day	urse bookings. (s) of training.
Name(s)		CTC Student No. or D.O.B.		USI Number	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
PAYMENT DETAILS					
Amount: \$	Please tick the method of payment	Cheque	Credit Card	EFT	Purchase Orde
Purchase Order Number:					
A tax invoice will be emailed	d to you when this booking form is	processed. Pl	ease allow at l	east two b	usiness days.
	n I acknowledge that I have read, un be found at www.ctcsafety.com.		d agree to CT0	C Safety's	Training
Name:		Position:			
Signature:		Date:			
	ooking Form back to CTC Safety.com.au as soon as pos				

DRESS CODES FOR TRAINING

PERSONAL CONCERNS

ADDITIONAL COURSE DATES

Long Pants, long or short sleeved shirt and closed footwear (preferably steel capped boots)

Please feel confident to speak with C regarding concerns with disability or limit and closed footwear (preferably steel capped boots)

Please feel confident to speak with CTC Safety regarding concerns with disability or literacy and numeracy atht he booking your course.

Please contact CTC Safety for additional course dates on P: (02) 9979 7888 or E: contact@ctcsafety.com.au

Demolition | Drilling | Mining | Civil Infrastructure | Construction