

# REGISTRATION / Enrolment FORM

**Course Name:**

**Course date/s:**

**Trainer:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Number Work: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Union: \_\_\_\_\_

**Employer Details:**

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

Employers Email Address: \_\_\_\_\_

Email Address for Account Payable: \_\_\_\_\_

**For payment inquiries, please phone 3010 2555 or 38462411**

**1. PRINT OUT FORM 2. COMPLETE PAYMENT 3. SCAN & EMAIL TO [safework@safework.qld.edu.au](mailto:safework@safework.qld.edu.au)**

I the undersigned authorise Safe Work Queensland to deduct \$ \_\_\_\_\_ from my credit card, details as follows:

Account Type:  Visa  MasterCard

Cardholder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_