

# Course Enrolment Form

By training with St John you're assisting with providing funds, enabling the local volunteer group to provide voluntary first aid services to your community.

Please note that courses booked by non-account customers are to be paid for at the time of booking.



## Course Preferences

Course name:	Preferred course date:
Location:	Alternate course date:

## Personal details

Title:	First name:	Surname:
Address:		Postcode:
Date of birth:		
Telephone (home):	(work or mobile):	Fax:
Email:		
<small>(by providing your email address you are consenting to receiving further information from St John (NSW))</small>		

## If you have previously attended a course with us please provide the following information:

Name of course:	Master ID or PIN:
Certificate number:	Expiry date:

## If payment is being made by your company, please provide the following information:

Account number:	Company name:
Company phone number:	Company address:
Contact name:	Purchase order number:

## Payment is being made by:

<input type="checkbox"/> Credit card	<input type="checkbox"/> Cheque Amount: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa <input type="checkbox"/> Bankcard <input type="checkbox"/> Amex <input type="checkbox"/> Diners
Card number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Name on card: <input type="text"/>	

Please fax or post to **Surry Hills Customer Service:** Fax 02 9281 6923 Postal Address: 6 Hunt Street, Surry Hills 2010

## OFFICE USE ONLY

CEF/BT02/08

Course number:	Transfer details:	Checked and confirmation notice sent:	
Date:	Receipt number:	Date:	Initials:
Division / Training / Community Care CODE:			