

ST JOHN AMBULANCE QUEENSLAND

ONSITE BOOKING FORM



All participants' details must be provided 10 days out from the course commencement date.

Please return the completed form to enquiries@stjohnqld.com.au

CLIENT DETAILS

| | | | |
|-----------------------------|--|-----------------------|--|
| Company / Organisation | | Account ID (if known) | |
| Contact Name | | | |
| Contact Phone | | Mobile Number | |
| Postal Address | | | |
| Billing Address | | | |
| Contact Email (for booking) | | Billing Email | |

TRAINING VENUE DETAILS – your venue or ours!

| | | | |
|---|--|--|--|
| Venue Name | | <input type="checkbox"/> St John Venue (availability limited) 20% discount offered to clients using a SJQ venue | |
| Street Address | | | |
| Venue Contact Name | | Venue Contact Phone | |
| Venue Contact Email Address | | | |
| Venue & Training Facilities <i>Please tick the boxes relevant to your venue.</i> | <input type="checkbox"/> Venue has a TV bigger than 60 inches. <input type="checkbox"/> Trainer will have the ability to plug their laptop into the TV or projector via HDMI. <input type="checkbox"/> Training room is on the ground level or higher (not in the basement). | <input type="checkbox"/> Participants have access to a mobile phone to complete the assessments. <input type="checkbox"/> Venue is in good standing, hygienic and comfortable. <input type="checkbox"/> Floorspace will enable participants to kneel and perform CPR on the floor. | |
| Special requirements | | | |
| Parking available for trainer | <input type="checkbox"/> Onsite <input type="checkbox"/> Street <input type="checkbox"/> Paid <input type="checkbox"/> Other _____ | | |

TRAINING REQUIRED – please nominate your preferred course, course dates and course times below. *Note: Course bookings are to be made 8 weeks in advance.*

| | | | |
|------------------------|--|----------------------------|--|
| Course Name | | Number of courses required | |
| Number of Participants | | | |
| Date Preference 1 | | | |
| Date Preference 2 | | | |

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