

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) \$200 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		Preferred Time	
Date Preference 2		Preferred Time	

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