

First Aid Course
Expression of interest

Organisation Details

Organisation Name: _____

Address: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Does the organisation hold public liability insurance? Yes/ No (please circle*)

*Please note: your organisation will be required to provide evidence of this

Proposed Course Details

Venue: _____

Venue Address: _____

Number of participants: _____ *Please note: minimum number is 10

Proposed Day and Date: _____

Proposed Times: _____ (*Please note: standard delivery is 8 hours)

Please email this to training@sportsa.org.au and the Training Manager will be in contact with you to confirm your expression of interest and give you a quote.