

# Session Request Form

Company/Group	
Address	
Suburb/Town	

Contact Person		Phone	
Mobile		Fax	
Email			

<b>Number of Participants:</b>	
<input type="checkbox"/> Perform CPR <input type="checkbox"/> Provide basic emergency life support (Level 1) <input type="checkbox"/> Apply first aid (Level 2) <input type="checkbox"/> Apply advanced first aid (Level 3) <input type="checkbox"/> Jnr Alive - preschool <input type="checkbox"/> ACAP Training Sessions ( 1 Hour ) <i>Schools &amp; Preschools Only –</i>	<input type="checkbox"/> First aid management of anaphylaxis <input type="checkbox"/> Anaphylaxis awareness training (AFV) <input type="checkbox"/> Emergency asthma management (AFV) <input type="checkbox"/> Apply advanced resuscitation techniques <input type="checkbox"/> Mental Health Awareness Workshop

Please contact the office if you would like to discuss your training requirements.

Option 1	Date:	Option 2	Date:
	Time:		Time:

Option 3	Date:	Option 4	Date:
	Time:		Time:

<b>Available Equipment</b>	
Electronic Whiteboard	Yes / No
Data Projector	Yes / No
Laptop	Yes / No

KMR Safety First Office Hours: Monday to Friday 9.30 – 3 pm or please leave a message.

Phone or Fax **03 9718 1733**, Email : [safetyfirst@safetyfirst.com.au](mailto:safetyfirst@safetyfirst.com.au) , Post to PO BOX 111 HURSTBRIDGE VIC 3099

Office use: Confirmation Date:	Occ. Number:
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