Training Session Request From



Org		or Group Details			
-	Name				
	Address	5			
Con	tact Pers	on Details			
	Name				
	Mobile				
	Emai				
Nati	ionally P	ocognised Training			
	tionally Recognised Training HLTAID001 Provide cardiopulmonary resuscitation (CPR)				
HLTAID002 Provide basic emergency life support (Level 1) HLTAID003 Provide first aid (Level 2)					
	S Comments of the comments of				
		70			
Workshops and Non-Certificated Training					
	Anaphylaxis, Allergy and Asthma Awareness Workshop				
	Infant CPR Workshop				
	Junior Alive Preschool Workshop				
	Junior Alive Primary School Workshop				
	Junior Alive Secondary School Workshop				
	Mental Health First Aid Workshop				
Training Details					
Expected Number of Participants (Minimum of 8 participants, give us a call to discuss if					give us a call to discuss if you have less than 8)
Training Location					
Pref	ferred Tr	aining Date			
Option 1		Date:		Option 2	Date:
		Time:			Time:

Thank you for completing a Training Session Request Form, KMR Safety First will be in contact with the training organiser to confirm your training details, if you have any questions please contact us on the below details.

RTO No. 22 485

KMR Safety First policies are available via

web: www.safetyfirst.com.au phone: 03 9718 1733 email: safetyfirst@safetyfirst.com.au