

# ComSafe Training Services

Version: JULY 2007



Workplace Emergency Management Training

ABN: 12 593 473 110

Locked Bag 12, Greenacre NSW 2190  
Freecall: 1800 SURVIVE (78 78 48)  
E-mail: [comsafe@fire.nsw.gov.au](mailto:comsafe@fire.nsw.gov.au)

Amarina Avenue, Greenacre NSW 2190  
Facsimile: 02 9742 7388  
Web: [www.comsafe.com.au](http://www.comsafe.com.au)

## GENERAL BOOKING FORM

Full Name of Organisation: \_\_\_\_\_

(Full name for Tax Invoicing purposes; eg: the name of your area health service, then the hospital name)

Type of Industry: \_\_\_\_\_ (Eg: construction, hospitality etc.)

ABN: \_\_\_\_\_ Purchase Order No: \_\_\_\_\_

Name of Course: \_\_\_\_\_ Course # \_\_\_\_\_

(If you are applying for a refresher course, please attach a copy of your previous certificate, otherwise your booking will not be accepted.)

Have you been provided with a Quotation other than the standard Schedule of Fees: Yes  No

Preferred Date(s) of Course 1: 1) \_\_\_/\_\_\_/\_\_\_ 2) \_\_\_/\_\_\_/\_\_\_ 3) \_\_\_/\_\_\_/\_\_\_  
(Please provide 3 optional dates in order of preference)

Preferred Time (Not applicable to Public Courses): \_\_\_\_\_

Type of Building Occupants: \_\_\_\_\_ Hazards on Premises: \_\_\_\_\_

Preferred Training Venue: \_\_\_\_\_

Resources available at your site:  TV / Video Unit  Lecture Room  Whiteboard / Easel  Parking  
(If program to be held there.)  Clear, open space for practical fire demonstrations  PowerPoint Facilities

Do you require an Interpreter?  No  Yes If yes, which language: \_\_\_\_\_ (Charges apply).

Correspondence Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

No of Participants: \_\_\_\_\_ Name/s: \_\_\_\_\_

If more than 3 participants, please attach a list to this booking form. If anyone has dietary or special requirements, please indicate against their name.

Contact Person: Title: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

(Please sign to confirm your commitment to the training course requested on this form.)

Date request sent: \_\_\_/\_\_\_/\_\_\_ Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mobile #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Tentative bookings will only be held for 10 working days. A number of courses require a degree of physical activity. Please check details prior to booking.

Please complete a booking form for each individual course required. Booking forms with requests for more than one (1) course will not be accepted. All details **MUST** be completed for this request to be valid.