Training Enrolment Form



Risk, Health & Safety

COURSE DETAILS Please complete one form per course.		
Course Title:		
Date scheduled:	Time scheduled:	
Campus:	Room:	
FEES (if applicable)		
Course Fee: \$ Department / Project Code:		Project Code:
PARTICIPANT/S		
Name (in full):		
Section:		
Email @fede	@federation.edu.au	
Name (in full):		
Section:	on:	
Email @fede	@federation.edu.au	
Name (in full):		
ction:		Phone:
Email @fede	@federation.edu.au	
Name (in full):		
Section:	ion:	
Email @fede	@federation.edu.au	
Name (in full):		
Section:		Phone:
Email @federation.edu.au		Campus
Name (in full):		
Section:		Phone:
Email @fede	@federation.edu.au	
Name (in full):		
Section:		Phone:
Email @federation.edu.au		Campus
AUTHORISATION		
I authorise the nominated staff member/s to attend the training session specified above, and I authorise the transfer of course fees from the account code provided (if fees apply).		
Name (in full):		
School / Section:		
Phone:		
Date:	Signature:	
24.0.	- Oignataro.	

Please return completed form to Risk, Health and Safety or email to ohs@federation.edu.au
as soon as possible to ensure your place

Warning – Uncontrolled when printed! The current version of this document is kept on the University website.

Authorised by: Manager – Risk, Health and Safety Document Owner: Manager – Risk, Health and Safety

Document Owner: Manager – Risk, Health and Safety Current Version: 01/01/2014
Page 1 of 1 Review Date: 31/12/2016