

# Training Enrolment Form

Risk, Health & Safety

<b>COURSE DETAILS</b>		<i>Please complete one form per course.</i>	
Course Title:			
Date scheduled:		Time scheduled:	
Campus:		Room:	
<b>FEES (if applicable)</b>			
Course Fee: \$		Department / Project Code:	
<b>PARTICIPANT/S</b>			
Name (in full):			
Section:		Phone:	
Email		@federation.edu.au	
Campus			
Name (in full):			
Section:		Phone:	
Email		@federation.edu.au	
Campus			
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Campus			
Name (in full):			
Section:		Phone:	
Email		@federation.edu.au	
Campus			
<b>AUTHORISATION</b>			
<i>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).</i>			
Name (in full):			
School / Section:			
Phone:		Signature:	
Date:			

**Please return completed form to Risk, Health and Safety or email to [ohs@federation.edu.au](mailto: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.**