



# RRTWC ENROLMENT FORM



**CFT QLD, PO BOX 21, PALM BEACH QLD 4221**

ABN: 4854 6967768 ACN: 113 663 586

Contact: 1300 775 155 Fax: 07 5677 0622 Email: [gld@cft.com.au](mailto:gld@cft.com.au)

Delivery Method	Number of Participants	Price	Total Price
Online		\$495	
In Class		\$500	
<b>TOTAL</b>			

**Enrolment & Payment:**

Please make cheque or money orders payable to **CFT QLD** & post payment and completed form/s to **PO BOX 21, PALM BEACH QLD 4221**, or complete the credit card details below and fax to 07 5677 0622

Please charge \$..... to my Mastercard  Visa  Card Security Number \_ \_ \_

**Name on Card:**.....

**Card number:** ..... **Expiry Date:** ...../.....

**Cardholder signature:**.....

Date of Class:

Contact Name: .....

Business Name: .....  
(if applicable)

Business Address: .....

Suburb: \_\_\_\_\_ Post Code: .....

Phone: ..... Email: .....

**Participant Details**

Residential Address: .....

Suburb: \_\_\_\_\_ Post Code: .....

DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: .....

Drivers license #: \_\_\_\_\_ Expiry Date: .....

*Upon receipt of payment you will receive an email with your enrolment details for online courses. For classes you will receive an email confirming booking details along with your pre-reading activities within 1 business day.*

*This training is conducted in partnership with OHSWA Occupational Health Services Australia Pty Ltd - National Provider Number 31092. Successful participants will be issued with a Statement of Attainment by OHSWA*