



COMPANY COURSE REQUEST FORM

Business Details

Business Name: _____ Trading As (if different): _____

Business Website: _____

Business ABN: _____ Address of Business: _____

Business Phone Number: _____

Account Details

Accounts Payable (Name): _____

Accounts Payable Phone Number: _____ Accounts Payable Email: _____

Training Details

Training Venue (Name): _____ Booked by: _____

Course Date: _____ (person making this booking)

Commencement Time: _____ Address of Training Venue: _____

Co-ordinator Details

Training Co-ordinator (Name): _____

Training Co-ordinator Phone Number: _____

Training Co-ordinator Email: _____

Course Details

Course Name or Title: _____

(e.g. Provide First Aid – HLTAID011)

Estimated Number of Participants: _____

Booking Details

Once completed, please attach, and send to bookings@richriverfirstaid.com.au.

Upon receipt of your completed Company Course Request Form (above), we will generate a registration link. This link will be sent to the nominated Training Co-ordinator, allowing full access to your Corporate Training Portal.

Within this portal, the nominated Training Co-ordinator will be able to add all students into the relevant course(s) and send registration links. Please note, once students complete their registration, they will be sent all relevant course, pre-learning and USI (unique student identifier) details via email (including all log in details).

If you require any assistance with special needs, reading, writing or interpreting services please contact us through your student portal prior to the course so that we can arrange assistance if required.