



Course Details

Please refer to the Queensland Ambulance Service Course Schedule documents for available course dates, times and locations.

Disclaimer: QAS advises course availability at the time of publishing only. QAS has a high demand for courses and as such your preferred course may not be available at the time of processing your application. Should your preferences be unavailable, a QAS representative will contact you to provide you with an alternative.

Please Enter Your Course Preferences:

	Course Name / Number:	Course Location:	Start Date:
1.*	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have any special requirements for attending the course? (eg. allergies, difficulty kneeling, wheel-chair access, interpreter, etc.) Yes No

If Yes, please list:

Are you making a booking on behalf of a company for 1 or more employees? Yes No
 (If Yes, please ensure you complete the following information)

How many participants would you like to enrol?

What is the company name?

Contact Details (Fields with * are Mandatory)

Title:* Surname:* Given Names:*

Date of Birth: Daytime Contact Number:*

Mobile Number:

Email Address:

Address Details (If booking on behalf of a company, please provide the company address)

Street / PO Box Number:* Street Name:*

Suburb/City:* State:* Postcode:*

Method of Payment *

Payment, Cancellation and Transfer Policy

Please ensure that this form is completed and payment is attached. No bookings will be accepted unless fully paid. The QAS may grant a refund in some cases (conditions and a fee may apply). To be eligible for a refund, notification that you are unable to attend the course must be received at least two (2) working days prior to the course commencement date. Cash refunds will not be issued under any circumstances.

Payment :

Card Type: Master Card: Visa: BankCard:

Name on Card: Expiry Date:

Card Number:

\$ Amount: Signature: _____

Privacy Policy

The QAS conforms to the Privacy requirements of Government. The personal information provided by you will only be used for purposes relating to QAS education and products. This personal information will be handled by appropriately authorised persons and will only be disclosed in accordance with a legislated requirement or with your consent. Further information on the Department of Emergency Services Privacy Policy can be located at <http://www.emergency.qld.gov.au/info/privacy.htm>

Office Use Only:	ACES Client Number: _____	Amount: \$ _____	Receipt No: _____
	ACES Course Number: _____	Date Processed: ____/____/____	