

# RECREATIONAL FIRST AID REGISTRATION FORM

*(This is a Recreational Program –  
NOT for employment purposes)*



**Royal  
Life Saving  
Queensland**

PO Box 1093, Capalaba DC Q 4157  
Email: [rlssqadmin@ozemail.com.au](mailto:rlssqadmin@ozemail.com.au)  
Fax: 07 3823 2423

This form must be completed and returned to Royal Life Saving Society Qld,  
two (2) weeks prior to the commencement of the course.

## TAX INVOICE

**ABN 60 478 008 791**

### TRAINER'S DETAILS Trainer Number:

Name: .....

Address: .....

.....P/code.....

Telephone: (H) ..... (W) ..... (M) .....

Email Address: .....

### COURSE DETAILS

Course Venue: .....

Venue Address: .....

No. of Participants: .....

Commencement date: ...../...../..... Completion date: ...../...../.....

TRAINING PACKAGE	COST PER PARTICIPANT	NO. REQUIRED	TOTAL COST
<b>Deluxe Training Package:</b> Bandages, gloves, key ring, bum bag & accreditation	\$60.50 (incl GST) per participant		
<b>First Aid Basic Training Package:</b> incl. reference Manual & accreditation	\$24.75 (incl GST) per participant		
<b>First Aid Update Training Package:</b> incl. re-accreditation but no reference Manual	\$16.50 (incl GST) per participant		
<b>Postage &amp; Handling</b>	\$11.00 (incl GST) for every 10 books		
<b>TOTAL INVOICE AMOUNT</b>			<b>\$</b>

Credit Card – please debit my:  Bankcard  Visa  Mastercard Card expiry date:..... /...../.....

Card Name:..... Signature:.....

<b>Office Use Only:</b>		
Date Received	...../..... /.....	Invoice/Receipt No. ....
Authorised: .....	Date Forwarded	..... /..... /.....