

training

GERALDTON
Monday & Tuesday
7-8 & 14-15
SEPTEMBER 2015

PROVIDE FIRST AID

(HLTAID003)

Registered Training Organisation St John Ambulance Australia (Western Australia) 0392 will be the RTO issuing this qualification.



This course covers a broad range of topics including:

- ✓ D.R.S.A.B.C.D. action plan
- ✓ Hazard and risk assessment and strategies to minimise risks;
- ✓ Principles of first aid and chain of survival;
- ✓ Basic anatomy and physiology considerations in the provision of first aid

- ✓ Legal, workplace and community considerations
- ✓ Infection control
- ✓ Effective communication in an incident
- ✓ Risk assessment and evaluation of first aid performance

All theory, practical and assessments are completed in class with the trainer.

A statement of attainment is issued to successful participants. St John recommends that you undertake this course every three years. Australian Resuscitation Council recommends that CPR skills are refreshed every 12 months.

TIME: 5.00pm – 9.000pm
DATE: Monday & Tuesday 7-8 & 14-15 September 2015
VENUE: St John Ambulance, 17 Eaton Place, Wonthella
TRAINER: St John Ambulance (Western Australia)

COST: **FROM \$60*^**

*Subject to Master Builders Membership and Construction Training Fund eligibility

^Full course cost for Non members and NOT eligible for Construction Training Fund subsidy \$350



"The Construction Training Fund provides funding support for training of eligible workers in the construction industry. We acknowledge the support of the Construction Training Fund in reducing the costs of training for eligible workers."

*Prices subject to change. * Construction Training Fund (CTF) subsidy available for eligible course participants.

To book your place on this training course, please complete the accompanying registration form.



REGISTRATION FORM PROVIDE FIRST AID (HLTAID003) GERALDTON

Please Note: This course is subsidised by the Construction Training Fund (CTF). The CTF requires that each participants personal contact details be provided (otherwise the full fee applies).

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|--|---|---|
| Course Date: Monday & Tuesday 7-8 & 14-15 September 2015 | | Time: 5.00pm – 9.00pm |
| Full Name of Participant: | | |
| Date of Birth of Participant: | | |
| Residential Address of Participant: | | |
| Suburb: | | Postcode: |
| Phone contacts: | | |
| Email address: | | |
| Unique Student Identifier (USI): | | |
| Participant Job Title: | | |
| Job Description (brief detail): | | |
| Company/Employer: | | |
| Address: | | Postcode: |
| Contact person: | | |
| Phone: | Fax: | Mobile: |
| Email: | | |
| Please tick the industry sector in which you work | Commercial <input type="checkbox"/> | Housing <input type="checkbox"/> Engineering <input type="checkbox"/> |
| Payment and Registration Details | | |
| Registration | To guarantee your place on the course please return form, with fees, to: FAXBACK: 9965 5025 Email: megan@mbawa.com | |
| Eligible for CTF | MBA member \$60.00 p.p. | non-member \$110.00 p.p. |
| Not eligible for CTF | MBA member \$300.00 p.p. | non-member \$350.00 p.p. |
| Course costs are subject to change. | | |
| Method of Payment | Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> EFT <input type="checkbox"/> | Amount: \$ |
| Credit Card Details: | Bankcard <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> | |
| Card number: ____ / ____ / ____ / ____ | Expiry Date: __ / __ | |
| Cardholders Name | Signature | |
| EFT Direct Credit Details: BSB: 306 051 Account: 0398729 Reference: “Company name – CPR” | | |
| Cancellation | Please note: Fees <u>must</u> accompany registration form. A refund will only be provided if at least 48 working hours notice of cancellation is given. You may, however, substitute another person. | |

If you require further assistance please contact Megan Parker, Training Coordinator
on 9921 5061 or email megan@mbawa.com