

REQUEST FOR TRAINING

Request Type

Booking Request/Change/Cancellation	
Date of Training (<i>Change or Cancellations only</i>)	

1 Contact Person

Contact Name	
Contact Phone Number	
Best Contact Time	
Business Name	
Business Address	
Training Location Address <i>(Where the sessions are to be held only if different from Business Address)</i>	

2 CPR30 Sessions

How many sessions did you require? <i>(Limited to 20 participants per session)</i>	
When were you planning to have your sessions? <i>(We will endeavour to fulfil the training request on the selected date but this will be dependent on CPR30 Facilitator availability)</i>	

3 AED

Does your organisation have an AED? <i>(If "no" advise the caller that the CPR30 Co-ordinator will arrange for an AED Fact Sheet to be provided when they return the call)</i>	
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Please note that the Community CPR30 Facilitator will endeavour to respond to booking requests within 5-10 working days.

SAAS
HEART Program

