



REQUEST FOR COURSE

COMMUNITY ORGANISATION

Life Saving Support Services Inc

ABN 34 100 281 336
 PO Box 1648, Caloundra Qld 4551
 29 The Esplanade, Bulcock Beach, Caloundra Qld 4551
 Affiliated with Royal Life Saving Society Qld Inc

Instructions	
<p>Please complete the form below and send it to us. We will contact you as soon as we are able and discuss you requirements, and if we are able to provide the request course.</p>	<p style="text-align: center;">Service use only</p> <hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center;">Course No</p>

1. Organisation Details	
Organisation Name <input style="width: 95%;" type="text"/>	ABN <input style="width: 95%;" type="text"/>
Organisation Address <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	Contact: <input style="width: 95%; height: 20px;" type="text"/> Email : <input style="width: 95%; height: 20px;" type="text"/>
Is the organisation a Business ? <input type="radio"/> Yes (Course fees may apply) <input type="radio"/> No	Phone number <input style="width: 95%; height: 20px;" type="text"/> Mobile Phone number <input style="width: 95%; height: 20px;" type="text"/>

2. Course Type			
What Course would you like conducted:	<input style="width: 95%; height: 20px;" type="text"/>		
Date of Course:	<input style="width: 95%; height: 20px;" type="text"/>	Length of Course:	<input style="width: 95%; height: 20px;" type="text"/>
How many attendees:	<input style="width: 95%; height: 20px;" type="text"/>	Course Location:	<input style="width: 95%; height: 20px;" type="text"/>

3. Other Comments / Remarks
<div style="border: 1px solid black; min-height: 100%;"></div>

4. Confirmation			
<p>We request you to provide the above mentioned course as outlined above.</p> <p>We will not hold the Royal Life Saving Society, the Service or any of its members or officers, liable for any loss or damage to me, through its negligence or not, whilst carrying out any activities associated with the Service.</p>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;"> _____ Signature of Organiser </td> <td style="width: 30%; border: none;"> _____ Name of Organiser </td> <td style="width: 40%; border: none;"> Date: <input style="width: 95%; height: 20px;" type="text"/> </td> </tr> </table>	_____ Signature of Organiser	_____ Name of Organiser	Date: <input style="width: 95%; height: 20px;" type="text"/>
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Privacy Warning:
 The Service respects your privacy. Information collected on this form will be used for the purpose of processing and administration your request. This information may be disclosed to relevant personnel and managers of the Service, the Royal Life Saving Society, our suppliers, contractors, affiliates and/or training partners. Please contact us if you do not agree with our privacy policy as we may not be able to process your request or provide our services to you. You will be able to access this information by contacting our Privacy Officer or Director of Administration.