



PO Box 20467
 Glen Eden
 Auckland
 Tel: (09) 813 9494
 Mob: 027 228 6908
 Fax: (09) 813 3369
 team@pft.co.nz
 www.pft.co.nz

Comprehensive Workplace First Aid course - ENROLMENT FORM

Course Details

I am enrolling for: **Comprehensive Workplace First Aid - FULL COURSE - 2 DAYS**
- REVALIDATION - 1 DAY

Date of Last Course:.....
 Venue:.....
 Course Date:.....

Your Details

First Name:..... Surname:..... M / F
 Address:.....
 Home Phone:..... Work Phone:.....
 Mobile:.....
 Email:

Name of Organisation (if applicable):.....
 Date of Birth(dd/mm/yy)/...../.....NSI / NZQA #

CONFIDENTIAL MEDICAL FORM

Do you suffer from (Please circle/ highlight)

Asthma? YES / NO

Diabetes? YES / NO

Allergies? YES / NO (If yes, what to.....)

Any other medical conditions or problems that may affect your participation during this course?.....

Do you carry special medication? YES / NO

Name of medication.....

(Please remember to bring your medication with you)

Emergency Contact: Name:.....

Phone During the Course:.....

Any other special information your facilitator(s) should know:.....



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Payment Details

Course Fee (Full Course \$185.00, Revalidation \$120.00): (includes Course Workbook and certificate)	\$.....
NZQA Fees (See attached)	\$.....
Keyring CPR Face Shield (\$8.00):	\$.....
Total (cheques payable to "Positively First Training Ltd")	\$.....

Cancellation Policy:

If you cancel 7 days prior to the start of the course, we will hold over your enrolment for another course to suit you or provide a full refund. If you cancel within 7 days of the start of the course no refund will be given except under exceptional circumstances and at the discretion of Positively First training Ltd management.

Please note that we require a minimum of eight participants for a course to run. We will contact you within 7 days of the course if we do not meet the minimum participant requirement to discuss options.

Risk Disclosure:

This course involves scenario-based learning and assessments in environments which have inherent risks. Positively First Training Limited and its staff undertake to isolate, minimise and eliminate any associated risks that may occur during these activities to the best of their combined abilities. Not all risks however, can be eliminated. Your facilitator/instructor will disclose such risks to you where appropriate.

I agree that I have a responsibility to ensure that at all times instructions given by the facilitator/instructor are followed and that I accept responsibility for my own actions.

I understand that Positively First Training Limited, nor their staff, shall not be liable for any personal injury or for lost or stolen equipment.

This course is a certificated course with minimum outcome requirements for each participant. Written, oral and practical assessments will occur throughout the course. Each participant must meet the requirements of these assessments to achieve the certificate. More information will be provide on your Course Confirmation or please contact Positively First Training to discus in more detail.

I have read and understood the above course and booking conditions:

Signed:..... Date:.....

When you have completed the above enrolment details please post to the address below.

PO Box 20-467 Glen Eden Auckland www.pft.co.nz team@pft.co.nz (09) 813 9494

On receipt of your enrolment a confirmation letter will be sent to you including a list of what to bring and details of how to get to the venue.



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**TO BE COMPLETED ONLY IF YOU ARE ATTENDING THE TWO DAY FULL
COMPREHENSIVE WORKPLACE FIRST AID COURSE AND YOU WISH TO
REGISTER YOUR UNIT STANDARDS WITH NZQA**

Application to Register Unit Standards 6400, 6401 & 6402

I wish to apply for the granting of the following unit standards in recognition of my competency demonstrated by the successful completion of a
Positively First Training Ltd 2 Day Comprehensive Workplace First Aid course.

NOTE: If you do not have a NSN / NZQA number, you must apply for a number on a separate form, tick the required box below, and include payment with this application. Credits cannot be reported unless you have included your NSI number or have applied for an NSI number with this application.

Unit	Title	Cost	Tick
6400	Manage first aid in emergency situations – level 3, credit 2	\$ 6	
6401	Provide first aid – level 2, credit 1	\$ 2	
6402	Provide resuscitation level 2 – level 1, credit 1	\$ 2	
Hook on to obtain National Student Index (NSN) number required (need to complete extra form)		\$ 25	
Standard administration charge		\$ 10	
Total charges for requested units (amount enclosed)		\$	

I hereby affirm that my details stated above are true and accurate and I have filled in my date of birth and NSN / NQZA #.

Signature: _____

Your course will consist of a mixture of instruction, facilitated discussion and scenarios. Scenario-based learning involves working with other people, both patients and team members, and then debriefing what happened. Scenarios are designed to maximise learning – not to show you what you don't know. Practical and written assessments will be happen over both days of the course.

To achieve the First Aid Certificate (or revalidation), you must show competency in all assessments. Details of what constitutes competency in each assessment will be clearly communicated to you before assessment.

As this is a certificated course, the certificate can only be issued upon FULL attendance of the ENTIRE course.

PLEASE NOTE: If you miss any part of the course you will not be issued a certificate



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Please sign if you are being assessed on these units and bring it to the course with you.

Confirmation of agreement:

Date of Course

Venue.....

Iunderstand the assessment will be both practical scenario, observation of naturally occurring events, written and oral assessment of units 6400 Manage First Aid, 6401 Provide First Aid, 6402 Provide Resuscitation.

Signed.....

Date.....