Form Number: BP-F0-2.2.2.2.3-1 Effective Date: 01.09.2023

Version: 4.0

OFFICIAL USE ONLY							
Course Code:	Session No:	Training Date					

INSTRUCTIONS

- This form is to be completed by contractors only and can be used for Group or Individual bookings. Please complete the form in **BLOCK** letters.
- Page 3 of this form can be used as an invoice and receipt for tax purposes.
- Each learner listed below will be sent the enrolment form via a link to complete to secure a spot in the requested course.

COURSE ENROLMENT

Course Details - Applicant to Complete

Course Title:

Enrolling for: Course Assessment Recertification Expiry Date:

Pre-Requisites completed: Yes No

Booking Details - Applicant to Complete

Learner 1				
Last Name				
Given Name				
Gender	Male	Female		Other
RIW Card Number				·
Preferred Date				
Address	STATE: NSW		POSTCODE	:
Mobile Number		Email Addre	ess	
Learner 2				
Last Name				
Given Name				
Gender	Male	Female		Other
RIW Card Number				
Preferred Date				
Address	STATE: NSW		POSTCODE:	:
Mobile Number		Email Addre	ess	
Learner 3				
Last Name				



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Given Name								
Gender	Male Female				Other			
RIW Card Number								
Preferred Date								
Address	STATE:	NSW		POS				
Mobile Number			Email Addre	ess				
Learner 4								
Last Name								
Given Name								
Gender	Male		Female			Other		
RIW Card Number								
Preferred Date								
A 11								
Address	STATE: NSW			POSTCODE:				
Mobile Number			Email Addre	ess				
Learner 5								
Last Name								
Given Name								
Gender	Male		Female			Other		
RIW Card Number								
Preferred Date								
Address	STATE:	NSW		POS	TCODE:			
Mobile Number			Email Addre	ess				
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Approval – Manager to Complete (if applicable)							
Company Name							
Manager's Name							
Address							
	STATE:	NSW		POSTCODE:			
Mobile Number			Email Address				

MANAGER'S DECLARATION: The above name person(s) meets all course entry requirements.

Manager's Signature:

Date:



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TAX INVOICE

ABN 18 804 239 602

Training is delive	ered at a cost of \$	per per	son per day	/, inclusi	ve of	GST.				
Total Price:			Receipt N	о:						
Payment Meth	od			·						
Cheque/Money O	rder Enclosed (made	payable to Transp	ort for NSW)							
Please invoice (ap	oproved companies only)	Purcha	ase Order / F	Refer						
Credit Card (Pleas	e complete details bel									
Card Type:	MasterCard	Visa								
Card Number:										
Expiry Date										
Authorised Amount (GST Inclusive)										
Cardholder Name	:								 	
Cardholder Signa	ture:				Date	:				

CANCELLATION INFORMATION

- TfNSW L&D reserves the right not to admit late attendees due to disruption or the trainee failing to provide any information necessary for the qualification sought.
- A cancellation fee of 100% of the cost of the service will apply if less than seven (7) days written notification given.
- Substitution trainees are permitted if notified seven (7) days prior to the date of the course.
- See the Learner Information Handbook for additional information concerning refunds.

Submit the completed and signed copy to learning@transport.nsw.gov.au

Contact 133 148 for any course enquiries.

