

FIRST AID TRAINING – TRANSFER FORM

In order to transfer a current booking or change the attendee please complete the below form and fax or email to the details above. Cancellations can be made in writing, by sending an email to sjabunbury@stjohnambulance.com.au

Ensure billing details/payment options are completed at the bottom of the form. Failure to do so could result in loss of booking if this office needs to follow up and the details are provided outside the required transfer time.

Course Transfer Policy

- No fee will apply where a minimum of 10 business day's written notice is given prior to the course date.
- A fee of 25% of the course cost will apply where between 5 and 9 Business days written notice is given to the course date.
- A fee of 100% of the course cost will apply where less than 5 business days written notice is given prior to the course date.

Transfer: All information below must be completed. Transfer date of "To be advised" or no date supplied will not be accepted.

Failure to provide a date will result in loss of the booking.

Student Name		Booking Order number	
Email Address:		DOB & USI:	
Date of Current Booking		Course Name	
Transfer to Course Date:		Course Name:	

Name Change: Please complete if changing the name for a booking. No fee applies to change the attending student

Booking Order number		Current Student Name	
New Student Name		DOB	
Email		USI	

If the student did not attend due to illness, please forward a Doctor's certificate; along with this form to be eligible for free transfer. We cannot offer refund/cancellation for courses missed due to illness.

The Doctor's certificate and form must be submitted within 6 weeks of the missed course date.

Ensure billing details/payment options are completed below – you will only be charged or invoiced as per Course Transfer Guidelines. If no fee is payable you will not be charged. A tax invoice will be sent for any payments processed.

PAYMENT DETAILS – For Late Transfer Fee if applicable

INVOICE COMPANY	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	PO#	
PO # ATTACHED	YES: <input type="checkbox"/> NO: <input type="checkbox"/>		
DEBIT CREDIT CARD:	YES: <input type="checkbox"/> NO: <input type="checkbox"/>		
TOTAL AMOUNT	\$		
NAME ON CARD:		MASTERCARD <input type="checkbox"/>	VISA <input type="checkbox"/>
CARD NUMBER:	/ / /	EXP:	CCV:
CARD HOLDER SIGNATURE:			