



Training Enrolment Form

Training Course:

DRUGS OF ABUSE TESTING OFFICER

HLTPAT005 Collect Specimens for Drugs of Abuse Testing

Full Day Training Course
 RPL / Half-Day Upgrade
 RPL

Training Date:

Course Location
(Please Tick):

Progressive Diagnostics Venue
 Onsite

Participant Details:

Title: Mr Mrs Ms Other: _____

Name:

Surname:

Unique Student Identifier (USI):

Organisation:

Address:

State:

Post Code:

Telephone:

Mob:

Email:

Employment:

Occupation:

Employer:



Terms and Conditions

1. Please arrive 15 minutes prior to the starting time.
2. Refreshments including lunch will be provided at the public full-day training sessions. Please advise if you have any special dietary requirements.
3. If you have any special requirements (e.g. access requirements, language or literacy) please contact us at least 5 days prior to the commencement of the course.
4. Please advise us if your name is spelt incorrectly on the training confirmation letter as this is how it will appear on your statement of attainment.
5. If you are unable to attend, please notify us as soon as possible to arrange an alternative booking.
6. All cancellations must be notified in writing to info@progressivediagnostics.com.au. Registrations may be cancelled up to five (5) working days prior to the program and receive full refund.
7. Non-attendance or if less than 5 working days is given of cancellation, the full fee will be forfeited. Should the registered person be unable to attend, notification is required to substitute another participant, no later than two (2) working days prior to the training course date.
8. Learning / training material, certificates and results will only be issued on receipt of payment.
9. Progressive Diagnostics reserves the right to cancel or postpone a program to an alternative day. All registered participants affected by such a cancellation will receive a refund or be offered the opportunity to transfer to the next available program.
10. Progressive Diagnostics reserves the right to amend its cancellation policy at any time and may amend its registration forms and processes accordingly.

For additional information see our [Student Handbook](#) located on our website: www.progressivediagnostics.com.au

I have read and understood the Progressive Diagnostics Terms and Conditions.

Name: _____

Signature: _____ **Date:** _____