

**Course Booking Form / Report**

Training Contract Number	
Services to be provided	
Training Course	
Venue	
No. of Participants	
Investment	
Date	
Time:	
Trainer:	
Assessor:	

Training Provider
The RTO
Training Provider Contact
Michael Beanland Perth Boat School E-Mail: mike@perthboatschool.com.au Web: www.perthboatschool.com.au Phone: 0415 937 967
Client Company/ Organisation Contact
Client Company/ Organisation
Ph:



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Contract Number & Date:		
Client:		

Names of participants to attend the course

For enrolment purposes, please provide the names of the individuals who will be attending the course:

Names of Participants	
1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

Terms and conditions of contract :

- The Client company/organisation agrees that the investment amount is for a maximum of 20 persons.
- The Client company/organisation agrees to pay the full investment amount if less than the maximum number of participants attend the course.

Payment arrangements

Cheque - My company cheque

Credit Card : Mastercard Visa

Credit Card No.:

Expiry Date: _____ / _____ / _____ Card Holder Name: _____



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1. Pre-requisites for Course:

2. Assessment tools used:

3. Course Preparation

4. Administration

a) Travel Arrangements:

b) Accommodation:

c) Catering:



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5. Recommendations - Training Resource Manual (TRM) Attach a list if required.

a) TRM Part 1 - Trainer Resources

b) TRM Part 2 - Participant Resources (Learning Manual)

c) TRM Part 3 - Assessment

6. Summary Comments by Assessor:

7. Summary Comments by Trainer:

8. Comments by Director :



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9. Recommendations for Continued Improvement

Signature: _____
Director of Perth Boat School

Date: ____ / ____ / ____