



## ***TRAINING REQUEST FORM***

***YOUR PURCHASE ORDER NO:***

***DATE:***

***Company Name:***

***Company Postal Address:***

***Training Venue Address:***

***Venue Contact Name:***

***Venue Phone No:***

***Email Address:***

***COURSE REQUIRED:***

***Fire Equipment Training***

***Healthcare Emergency Response Training***

***Chief Warden Training***

***Fire Warden / Evacuation Training***

***Emergency Response Exercise***

***COURSE PREFERENCE DATES***

***1st Choice Date:***

***2nd Choice Date:***

***Time of Training:***

***Time of Training:***

Unit 1, 7 Montgomery Way,  
Malaga, Western Australia 6090  
EC 000413

PO Box 2326,  
Malaga Western Australia 6944

T: (08) 9248 4824

F: (08) 9248 4825

E: [inquires@westside.com.au](mailto:inquires@westside.com.au)

***Please return this completed form to: [training@westside.com.au](mailto:training@westside.com.au)***