



RE-ACCREDITATION COURSE
FAX BACK REGISTRATION FORM - (02) 8116 9760
 or mail to - PO Box 3176
 Rhodes Shopping Centre
 Rhodes NSW 2138

Surname	<input type="text"/>	Firstname	<input type="text"/>
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
Home Phone Number	<input type="text"/>		
Daytime Phone number	<input type="text"/>		
Email address	<input type="text"/>		
Current accreditation number	<input type="text"/>		
Expiry date	<input type="text"/>		
Current level of accreditation	SFA <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Reaccreditation Options (Please Specify)		
Reaccreditation Only	\$95.00pp	<input type="checkbox"/>
Reaccreditation & Updated Sports Trainer Manual	\$135.00pp	<input type="checkbox"/>
Things to send in with this form:		
Letter from your club confirming 50 hours practical experience		<input type="checkbox"/>
First aid certificate		<input type="checkbox"/>

Course details			
Physio Name	<input type="text"/>	Contact	<input type="text"/>
Date / Time	<input type="text"/>	Address	<input type="text"/>
Venue	<input type="text"/>		
Accreditation Type	Sports First Aid <input type="checkbox"/>	Lvl 1 Sports Trainer <input type="checkbox"/>	Lvl 2 Sports Trainer <input type="checkbox"/>

Payment details		
I would like to pay by:	Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>
	Cheque <input type="checkbox"/>	Bankcard <input type="checkbox"/>
Cardholder Name	<input type="text"/>	
Card number	<input type="text"/>	
Amount	<input type="text"/>	Expiry <input type="text"/> / <input type="text"/>
	Signature	<input type="text"/>