

## Bizmatrix First Aid Course



### Quick info:

**Next upcoming class:**

**Organisation:** Bizmatrix Pty Ltd

**Address:** Unit 53/193 Southpine Road,  
Brendale, QLD 4500

**Phone:** 1300 588 749

**Email:** [info@bizmatrix.edu.au](mailto:info@bizmatrix.edu.au)

**Website:** [www.bizmatrix.edu.au](http://www.bizmatrix.edu.au)

**RTO No.** 32074

**DET:** 0001318900 / **ABN:** 53 122 030 451

## First Aid Course in detail

### Course outline:

The first aid course covers LVR, CPR and Apply First Aid.

### Who can do the First Aid Course?

The course is open to anyone looking to gain further knowledge of first aid in the workplace and everyday situations. These vital skills are so important to have, as dangerous situations can arise anywhere. □

### How long is the course?

The First Aid Course consists of one day of training. Bizmatrix cover all aspects of first aid, with practical work giving you a chance to understand how to apply your skills effectively in high-pressure situations.

### Unit codes and details

Unit Code	Details	Cost	
HLTAID003	The Apply First Aid Course (inc CPR, asthma, anaphylaxis)	5hrs for \$135	<input type="checkbox"/>
	The Apply First Aid plus LVR	6hrs for \$190	<input type="checkbox"/>
UETTDRRF06B & HLTAID001	Provide a Rescue from a Low Voltage Panel & CPR	3hrs for \$100	<input type="checkbox"/>
HLTAID001	CPR alone	2hrs for \$60	<input type="checkbox"/>
	Asthma and Anaphylaxis with CPR	3.5hrs- 4.5hrs for \$80	<input type="checkbox"/>
	Asthma and Anaphylaxis alone	2-3hrs for \$60	<input type="checkbox"/>

### Course details:

Your staff will receive Nationally Accredited training and will also receive the following course certifications:

1. Email copy of certificate
2. A4 copy of Certificate
3. Wallet/Purse ID card

Contact Bizmatrix staff to book in for the next First Aid Course now and take control of your own safety now.

# First Aid - CPR/LVR REGISTRATION FORM

**ATTENDEE DETAILS** (Please ensure your details are correct, as the information provided will be used for records and or issuing of qualifications)

Title	<input type="text"/>	Birth date	<input type="text"/>	Qualifications	<input type="text"/>
First Name			Middle		
Surname				USI Number	
Home Address					
State	<input type="text"/>	Suburb	<input type="text"/>	Postcode	<input type="text"/>
Phone Number	<input type="text"/>	Mobile	<input type="text"/>	Fax	<input type="text"/>
Email					
Prime Language if not English		<input type="text"/>	Special Requirements		<input type="text"/>
Any Special Learning Needs Yes/ No					

**Part Two- Payment by company with an ABN**  
**INVOICE DETAILS for a company or organisation**

Company Legal Name:					
Address					
State	<input type="text"/>	Suburb	<input type="text"/>	Postcode	<input type="text"/>
Phone Number	<input type="text"/>	Mobile	<input type="text"/>	Fax	<input type="text"/>
Email					
Contact Name			Contact Ph		
ABN	<input type="text"/>	PO No	<input type="text"/>		

**PAYMENT DETAILS** (Please tick) Cheque  Cash  Direct payment  Credit card  payment / BPay

<b>PAYMENT DETAILS- COMPANY</b>			
<b>PAYMENT DETAILS</b> (Please tick) Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Direct payment <input type="checkbox"/> Credit card payment / BPay <input type="checkbox"/> Add 2%			
<b>COMPANY RESPONSIBLE FOR PAYMENT OF FEES ( Tick Here)</b> <input type="checkbox"/>			
<b>STUDENT RESPONSIBLE FOR PAYMENT OF FEES ( Tick Here)</b> <input type="checkbox"/>			
<ul style="list-style-type: none"> <li><b>Course Fee Full Payment on Enrolment</b></li> </ul>			
Please refer to our fees policies, fees are not refundable once the student has commenced the course, note conditions apply. All conditions are located in our Student Handbook.			

## How to get a USI Number

### *Steps to create a USI Number*

**Step 1.** Have at least one and preferably two forms of ID ready from the list below:

- Driver's Licence
- Medicare Card
- Australian Passport
- Visa (with Non-Australian Passport) for international students
- Certificate of Registration by Descent
- Citizenship Certificate
- Immi Card

**Step 2.** Have contact details ready (e.g. email address, or mobile number, or address).

**Step 3.** Visit the USI website at: [usi.gov.au](http://usi.gov.au)

**Step 4.** Select the 'Create a USI' link and follow the steps.

**Step 5.** Agree to the Terms and Conditions.

**Step 6.** Follow the instructions to create a USI – it should only take a few minutes. Upon completion, the USI will be displayed on the screen. It will also be sent to the student's preferred method contact.

**Step 7.** The student should then write down the USI and keep it somewhere handy and safe.

### **Important**

Make sure your personal details entered when creating your USI must match exactly with those on their form of ID.

For more information please visit: [usi.gov.au](http://usi.gov.au)

Or contact us at Email: [usi@industry.gov.au](mailto:usi@industry.gov.au)

Phone: 1300 770 217

**Detailed Enrolment Form – All training courses**  
**APPLICANT DETAILS – BLOCK CAPITALS ONLY**

<b>STUDENT NUMBER:</b> USI- Number			<b>Title:</b>	
<b>Given Names:</b>	<b>1st</b>	<b>Middle</b>		
<b>Family Name:</b>				
<b>Preferred Name:</b>				
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Birth Date:</b>	
<b>Home Phone Number:</b>			<b>Mobile Number:</b>	
<b>Home address:</b>	<b>Street:</b> _____ <b>Suburb:</b> _____ <b>State:</b> _____ <b>Postcode:</b> _____			
<b>Email address:</b>				
<b>Current qualifications held:</b>			<b>Licences held:</b>	
<b>INVOICE DETAILS (If different from above)</b>				
<b>Organisation:</b>				
<b>ABN:</b>				
<b>Given Names:</b>				
<b>Family Name:</b>				
<b>Phone Number:</b>			<b>Mobile Number:</b>	
<b>Fax:</b>				
<b>Address:</b>	<b>Street:</b> _____ <b>PO Box:</b> _____ <b>Suburb:</b> _____ <b>State:</b> _____ <b>Postcode:</b> _____			
<b>Email:</b>				
<b>Purchase Order No</b>				

**COURSE DETAILS:**

<b>Course being applied for:</b>		<b>Course Code:</b>	
<b>Preferred location of training:</b>	<input type="checkbox"/> Workplace	<input type="checkbox"/> Bizmatrix	<input type="checkbox"/> Other
<b>Date ready to start:</b>		<b>Date must complete by:</b>	

**EMERGENCY CONTACT DETAILS:**

<b>Full name – next of kin:</b>			
<b>Daytime Number:</b>		<b>Mobile Number:</b>	
<b>Night time Number:</b>		<b>Relationship:</b>	

**PERSONAL DETAILS:**

<b>In which country were you born?</b>	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (Please specify):
<b>Do you speak a language other than English at home?</b> ( If more than one language is spoken at home, indicate the one that is spoken most often)	<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify):
<b>How well do you speak English?</b> (tick)	<input type="checkbox"/> Very well <input type="checkbox"/> Well	<input type="checkbox"/> Not well <input type="checkbox"/> Not at all
<b>Are you of Aboriginal or Torres Strait Islander origin? (tick one)</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander		
<b>Do you identify yourself as having a disability?</b> (Please tick)		
<input type="checkbox"/> No <input type="checkbox"/> Yes, Hearing/Deaf <input type="checkbox"/> Yes, Intellectual <input type="checkbox"/> Yes, Vision <input type="checkbox"/> Yes, Learning <input type="checkbox"/> Yes, Physical <input type="checkbox"/> Yes, Medical <input type="checkbox"/> Other		
<b>Please specify:</b>		
<b>Do you have any special dietary requirements</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify _____	

What is your highest COMPLETED school level? (Tick ONE box only.)	
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school
<b>In which YEAR did you complete school?</b>	_____
<b>Are you still attending secondary school?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you successfully completed any of the following qualifications?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes - Bachelor Degree or Higher Degree <input type="checkbox"/> Yes - Advanced Diploma or Associate Degree <input type="checkbox"/> Yes - Diploma (or Associate Diploma) <input type="checkbox"/> Yes - Certificate IV (or Advanced Certificate/Technician) <input type="checkbox"/> Yes - Certificate III (or Trade Certificate) <input type="checkbox"/> Yes - Certificate II <input type="checkbox"/> Yes - Certificate I <input type="checkbox"/> Yes - Certificates other than the above
<b>Of the following categories, which best describes your current employment status?</b>	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed - not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed - unpaid worker in a family business <input type="checkbox"/> Unemployed - seeking full-time work <input type="checkbox"/> Unemployed - seeking part-time work <input type="checkbox"/> Not employed - not seeking employment
<b>Of the following categories, which best describes your main reason for undertaking this course / traineeship / apprenticeship? (Tick ONE box only.)</b>	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons

**YOUR PERSONAL STATEMENT:**

Why are you choosing this course?	
Do you have a specific career aim or job in mind for the future?	
Do you consider that you meet the pre-requisite requirements for the course:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you consider that you have adequate literacy and numeracy skills to undertake the course:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Are you seeking credit for previous training or recognition of prior learning:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Are there any individual needs you have that we should be aware of so we take these into account when planning your training:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
If yes, please provide us a little more information:	

I confirm I have read the training terms and conditions as published on [www.bizmatrix.edu.au](http://www.bizmatrix.edu.au) and will be attending the sessions as listed.

Enclosed are the payment details and my registration details.

I would like you to add my name to the database to be notified of further courses and to be provided with ongoing technical information: optout

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

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