

TRAINING/SERVICES REQUEST FORM

Innovation & Experience



Terms and Conditions

Thank you for enquiring about the courses and services offered by DMA Supplies Pty. Ltd. Information contained in this booking form will assist you to firstly select suitable training for your organisation, and secondly to select suitable staff to undertake the training.

Safety Requirements

Each participant is subject to all safety requirements during training activities. Prior to the commencement of training activities, the facilitator will explain the relevant safety requirements and whether certain health conditions will make involvement in some activities inadvisable. (Example: *use of simulated smoke and a participant having a respiratory condition*). It is the responsibility of all participants to inform the facilitator of any health conditions that may affect his or her involvement in certain activities prior to the course commencement.

Note: *The facilitator may refuse the involvement of any participant in an activity if the facilitator is of the view that the participant's health or ability to undertake certain tasks may be compromised.*

Disclaimer

DMA Supplies Pty. Ltd. will not be liable for any personal injury suffered, or damage caused to the property of any course participant or organisation, including economic loss, except to the extent that the injury, damage or economic loss is caused by DMA Supplies Pty. Ltd. staff.

When you have read and understood this booking form, please fill out all details from Step 1 "Your Details" to Step 4 "Method of Payment" and send the completed document to **DMA Supplies Pty. Ltd. P O Box 1559 East Doncaster Vic 3109**, or email info@dmasupplies.com.au

Receipt of this Booking Form will allow DMA Supplies Pty. Ltd. to process your training request.

Declaration: I hereby agree to the terms and conditions outlined in this Booking Form and acknowledge that I am authorised-

By: (Your organisation name)

In the capacity of: (Job description) to enter in to such an agreement on behalf of the said organisation

Name (Please Print)..... Signature: Date:

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Client Details:

Organisation: ABN: Contact Name:
 No. and Street Name: Suburb: State: Postcode:
 Phone no: Mobile: Email: Fax no:

Training /Services Required: *All programs utilising AS3745 and/or AS4083*

- **Note: Prices apply from 1st January 2019 to 1st January 2020**
- **Notice of cancellation:** THE FULL PRICE MUST BE PAID IF NOTICE IS RECEIVED LESS THAN **48 HOURS** PRIOR TO SCHEDULED COURSE OR APPOINTMENT
- Prices may be subject to change without notice * *Attendees above the maximum number may incur a per person fee.*

TRAINING COURSE TYPE	DURATION	MAX CLASS SIZE	COURSE COST	Qty	SERVICES TYPE	DURATION	MAX CLASS SIZE	COURSE COST	Qty
Facility Occupant training	1.0 hrs	60	\$510.51		Practical facility evacuation	1 hr	50 +	\$804.47	
Portable Fire Extinguisher training	1.0 hrs	20	\$785.29		Facility Consultancy	1 hr	-	\$398.55	
Initial Emergency response training	1.5 hrs	20	\$825.10		Emergency Evacuation Diagrams	-	-	POA	
Warden/Emergency Controller	2.0hrs	20	\$891.10		Emergency Management Plan			POA	
Warden/Portable Fire Extinguishers	3.0 hrs	20	\$1210.94		Table Top & Practical Scenarios	1 hr	20	\$421.48	
Chief Wardens training	7 hrs	12	\$1956.50		Guest Speaker	1 hr	60	\$421.48	
Wardens Course at DMA Supplies	3 hrs	20	\$144.30 pp		Emergency Planning Committee	7 hrs	10	\$1848.62	
Practical facility evacuation	1.0 hrs	50	\$402.24		Bomb Threat Training	2.5 hrs	15	\$810.50	

Cost \$.....

Total Cost \$.....

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Training Location Details:

Training Delivery Location: State: Time: Date:

TV TRAINER PARKING SPACE Whiteboard Data Projector

Please select the equipment you have available.

Payment Method:

Payment arrangements – Credit Policy

Your request for services, products, advice or any information brochures confirms your understanding and acceptance of the information, including any conditions contained within this booking form.

* For Electronic Fund Transfer payments: Acc. Name: **DMA Supplies Pty. Ltd.** BSB: **063498** Account Number: **10490752**

Please indicate method of payment: On receipt of payment, a Tax Invoice/Receipt will be issued.

CASH CHEQUE EFT ACCOUNT

Cheque Details

Please make cheques payable to: **DMA Supplies Pty. Ltd.**

Post to: **P O Box 1559**
East Doncaster
Victoria 3109

Cheque enclosed for \$