

In-house training requirements

Course name _____

Company name _____

Main contact name _____

Phone number _____

Name of delegate	Job Title	Email address

Additional delegates:

Checklist - please indicate whether you have the following:

- | | | | |
|----|----------------------|------------------------------|-----------------------------|
| 1. | Training Room | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. | Projector and screen | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. | White board | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. | Flipchart | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Where you would like your certificates to be sent?

- ☐ Emailed to individual delegates
- ☐ All emailed to main contact (as above)

For further information on BSI's training courses visit bsigroup.com.au/training
or call us on **1300 730 134** today