

[Today Date]

[Training Organisation Name]  
[Training Organisation Phone Number]

**NOTICE - COURSE DETAILS AMENDMENT/UPDATE**

This notification advises of amendments and/or updates to your course details:

**Course Date:** [Workshop Start Date]  
**Course Start Time:**  [Workshop Start Time]

**Course Finish Time:** [Workshop Finish Time]

**Course Name:**  [Qualification Code] - [Qualification Name]

**Course Location:** [Workshop Venue Street Address1]

[Workshop Venue Street Suburb/city]

[Workshop Venue Street State] [Workshop Venue Street Postcode]

**ACTIONS REQUIRED BY YOU**

NO ACTION REQUIRED

Warm regards,

[Workshop Setup By Full Name]

[Workshop Setup By Position]

National Operations Centre

Australia Wide First Aid

152 Brisbane Street

Ipswich QLD 4305

1300 33 66 13

[Workshop Setup By Email]

www.australiawidefirstaid.com.au

SIGN OFF:

*Please review this new document, and make any changes in red pen and initial all changes.*

*Once you are happy with the document, please sign off with your approval.*

Customer Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rebecca Scherger

Accounts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Michelle May

Sales: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amanda Petersen

Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dianne McCarthy

Final Sign Off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Craig Noe