

**HEARTBEATS First Aid Course**  
**Registration form**

### Applicant details

Name \_\_\_\_\_

DOB \_\_\_\_\_ Current age \_\_\_\_\_ USI (Unique Student Identification) \_\_\_\_\_

Email \_\_\_\_\_

Mobile \_\_\_\_\_ Address \_\_\_\_\_

To be eligible to participate in this training opportunity, you must:

- Be 18 years or older and be living in a CHC/HomeGround Canberra property
- have a **USI number provided to be registered prior to commencement of training**

### Tenant Acknowledgement

- sign the photo consent

### Photo Consent

I provide consent for CHC to record my image (photograph or video footage) for promotional purposes. I understand my image may be used in mediums including: social media, publications and promotional material, print and electronic.

### Declaration

By signing the below declaration, you are confirming that the details you have listed are correct and you agree to the Tenant Acknowledgment and Photo Consent.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Please complete and return via email to [events@chcaustralia.com.au](mailto:events@chcaustralia.com.au) or drop into our office in Bruce, by no later than 5pm on Monday 23 August 2021. Thank you!