



SSAA ACT Inc

Safety Course Application Form

**PLEASE PRINT CLEARLY AND NEATLY AS THIS INFORMATION WILL APPEAR ON
YOUR CERTIFICATE**

Applicant Details

First Name

Last Name

Address

Suburb

State

Postcode

Date of Birth

SSAA Number

Important Information

1. Bookings must be made and paid for online before attending.
2. Email this completed form to safety.course@ssaaact.org.au
3. Course starts at 6:30pm – No latecomers will be admitted after the course has started

Office Use Only

SSAA Membership

 Yes No

ID Sighted

 Yes No

Booked Online

 Yes No

Checked-In

 Yes No

Comments

Course Date