



FORM

LDO TRAINING

FRM-D-15310

CONTRACTOR INDUCTION BOOKING REQUEST

To be completed by Candidate

1. CONTRACTOR INFORMATION		
Site:	Site Contact Name:	
Contractor Company Name:		
Contractor Company Address:		ABN:
		Work Phone:
Contact Name:	Position:	Work Fax:
Email:		
Note: This email address will be used for confirmation of booking request and induction		

2. DETAILS OF EMPLOYEE(S) TO BE INDUCTED		
Full Name:	Date of Birth:	Occupation:

3. DATE OF INDUCTION
...../...../.....

4. PAYMENT - \$350.00 per person for 1 day contractor`s induction - payable prior to induction. \$650.00 per person for 4 day full underground induction – payable prior to induction			
Total Payment Due	\$		
Direct Deposit/EFT <small>(copy of remittance must be faxed/emailed)</small>	<input type="checkbox"/>	Account Details:	LDO Group Training Pty Ltd BSB: 032620 Acct: 180686
Credit Card (tick option)	<input type="checkbox"/>	Visa	
	<input type="checkbox"/>	Mastercard	
Card Number	□□□□ / □□□□ / □□□□ / □□□□		
Card Expiry	□□ / □□	CVV (last 3 digits on reverse of card)	□□□
Name on Card:			
Cardholder Signature:			
NOTE: Failure to pay the fee prior to attendance at the scheduled induction will result in attendance being refused.			

5. OFFICE USE ONLY		
Attendance Registered:	Notification Sent:	Payment Received:
Date: .../.../.....	Date: .../.../.....	Date: .../.../.....

Please send completed form to ldotraining@ldo.com.au or fax on (02) 4932 5110.
For enquiries phone (02) 4936 9000.

LAST REVIEW DATE	NEXTREVIEW DATE	REVISION NO	DOCUMENT OWNER	PAGE 1 of 1
06/06/2012	06/06/2015	4	General Manager	

DOCUMENT UNCONTROLLED WHEN PRINTED