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### Enrolment Form

**PLEASE ENSURE YOU PRINT CLEARLY**

FIRST NAME	SURNAME
D.O.B.	PH NUMBER
EMAIL	
ADDRESS	
TOWN	POSTCODE
POSTAL ADDRESS	
TOWN	POSTCODE
INVOICE DETAILS (Please provide details for billing if applicable)	
COMPANY NAME	
ABN	
ADDRESS	
EMAIL	
SIGNATURE	DATE
COURSE LOCATION	

PLEASE SELECT FROM THE BELOW					Price
HV PILOT COURSE	<input type="checkbox"/>	\$1400 WAFF\$1260	Transport Upskilling Inc. Load Restraints & Chain of Responsibility	<input type="checkbox"/>	\$600 WAFF\$540
HV PILOT REFRESHER COURSE	<input type="checkbox"/>	\$600 WAFF\$540	Safe Movement of Machinery Agriculture	<input type="checkbox"/>	\$600 WAFF\$540
Pilot No	Exp			<input type="checkbox"/>	
WHS Induction Inc Industrial manslaughter laws	<input type="checkbox"/>	\$400	Tractor Ops Induction	<input type="checkbox"/>	\$600
Telehandler/Loader in Ag Ops Information course	<input type="checkbox"/>	\$500	WA FARMERS Number:		
Other			<b>TOTAL</b>		

Group/Company Bookings: (PRINT EACH NAME THAT WILL BE IN ATTENDANCE FOLLOWED BY ADDRESS ON THEIR DRIVERS LICENSE)	
1.	
2.	
3.	
4.	
5.	

**Please return completed form to  
 competentsolutions@outlook.com**