



**WESTSIDE
FIRE SERVICES**

'CARING AND RESPONSIVE'

TRAINING REQUEST FORM

YOUR PURCHASE ORDER NO: _____ **DATE:** _____

Company Name: _____

Company Postal Address: _____

Training Venue Address: _____

Venue Contact Name: _____ Venue Phone Number: _____

Email Address: _____

COURSE REQUIRED:

Warden Training

Fire Equipment Training

Chief Warden Training

Emergency Response Exercise

COURSE PREFERENCE DATES:

1st Choice Date: _____ Time of Training: _____

2nd Choice Date: _____ Time of Training: _____

Please return this completed form to:
training@westside.com.au

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