

Early Learning Venue Booking form

Organisation Name:
Organisation Address:

Contact at venue

Name: Contact number:
Email:

Planning information

1. Please provide us with three (3) dates that would be suitable for us to deliver training. Please put your dates in order of preference so we can try and best accommodate your needs:

Date 1:
Date 2:
Date 3:

2. Age range of students

3. Number of students

4. Ambulance visit

yes no

5. Where to report on arrival

Requirements checklist

The venue will not advertise this visit or charge a fee to participants/their guardian

The venue understand that the visit date may need to be rescheduled

The venue will follow the WA educator to child ratio during the visit

I can confirm participants are aged 3 years+

I will complete a head count at the end of the visit

Please check boxes above to confirm acknowledgment of requirements

Signature:

Date: