

Safer Drivers Course FACILITATOR TRAINING

youthsafe

Please clearly print all responses

Date of Facilitator training session ___/___/___

Title

First Name

Surname

Full name as you want it to appear on certificate of participation

Phone

Email

Address

Provider Name

Pre-requisites for training:

Certificate IV in training & assessment (TAE40110 or higher)

Expiry date ___/___/___

Name of training organisation that issued certificate

Working with Children Check

Number:

Expiry date:

___/___/___

Minimum 12 months experience in facilitation

 YES NO

Please email to Youthsafe: office@youthsafe.org