



MTAA In-house Training Request Form

This form is to be completed when requesting in-house training from the MTAA.
Please complete a separate form for each training event.

The authorised person below certifies the company has **\$20m public liability insurance**.

The contact will be notified by the MTAA of the availability of the facilitator to conduct the in-house training on the nominated date(s) within 14 days of receipt.

Please note; the information contained in this form will be used to generate an invoice to be paid in full to the MTAA prior to the training.

Please return this form by **fax or email** to:

Attention: Professional Development Manager
Medical Technology Association of Australia Ltd
F: 02 9900 0655
E: reception@mtaa.org.au

Date request submitted	
Module code and title	
Company	
Contact name	
Position	
Email	
Direct phone	
Mobile	
Training venue address	
Maximum number of participants to be trained (10 or 20)	
MTAA rate	
Proposed date <small>*Please provide three alternative dates in order of preference. Every attempt will be made to meet these.</small>	1. 2. 3.
Preferred delivery times (Please select)	<input type="checkbox"/> AM 9.30 – 12.30PM <input type="checkbox"/> PM 1.30 – 4.30PM
Name and signature of authorised person <small>*This signatory authorises the in-house training and certifies the company has \$20 million public liability insurance.</small>	Name: _____ Position: _____ Signature: _____ Date: _____