

AUSRIVAS TRAINING & ACCREDITATION
Course Enrolment and Registration Form

Name: _____
 Address: _____

 Phone: _____
 E-mail: _____
 Organisation: _____

Please indicate which training and accreditation modules you would like to complete.

MODULE	tick
Training Module 1 - Pre-Field & Site Information	
Training Module 2 - Field Work	
Training Module 3 - Laboratory	
Training Module 4 - AUSRIVAS Predictive Models	
Accreditation Module 1 - Pre-Field & Site Information	
Accreditation Module 2 - Field Work	
Accreditation Module 3 - Laboratory	
Accreditation Module 4 - AUSRIVAS Predictive Models	

Please circle YES or NO

1. Are you seeking certification as an AUSRIVAS instructor? YES NO
2. Are you seeking renewal of accreditation status? YES NO

If you are you seeking certification as an AUSRIVAS instructor please supply evidence of relevant experience. (e.g. number of years experience, number of sites assessed using AUSRIVAS).
