









RMLV COURSE REGISTRATION FORM

	HOTEL	DETAILS	
Hotel Name:			
Hotel Phone Number:			
Hotel Postal Address:			P/Code:
Licensee/Manager's N	lame:		
Email Address:			
		f who have yet to previous	
Only one (1) RML	V course per hotel will be a	vailable for eligible applican	ts.
Participants will recompletion of the		censee's Course RMLV Ce	rtificate upon successful
• The funding is for	an RMLV training course or	nly and not for an Approved	Manager's licence.
		eo conference platform). ra, microphone and reliable	
Manager's Signature:			
	NOMINATED PAR	TICIPANT DETAILS	
Nominated Participan	t's Name:		
Email Address:			
Mobile:	Date	of Birth:	
	PLEASE RI	EGISTER ME	
☐ Tueso	-	☐ Monday 25 th Octob	er 2021

Nominations are based on 'first in'. If your selected date is full, you will be notified about the next available course date.

Please email this form to: training@qha.org.au
For further information contact the QHA Training Department on 07 3221 6999

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