

# Singleton Associates

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## **REFRESHER FIRST AID COURSE BOOKING FORM**

### Candidate Details

Surname ..... First Name(s) .....

Home address  
.....  
.....

Post Code .....

Contact Phone Number .....

Course Start Date ..... Course Finish Date ..... Course Fee: £ 95 + VAT

Please book me a place on the above course. I am aware that cancellation within 48hrs of the course start date will be charged at the full rate.

Signature ..... Name (print) .....

Date.....

### Invoicing Details

Contact Name.....

Invoicing address  
.....  
.....

Post Code .....

Candidate Phone Number .....

I authorise Singleton Associates to invoice me for the above delegate. I am aware that cancellation within 48hrs of the course start may be invoiced at the full rate.

Signature..... Name .....

Date .....

### Conditions of Booking.

1. A Photocopy of the candidate's last certificate must accompany this booking form to confirm eligibility to undertake the refresher training.
2. The booking is for the above delegate unless prior agreement is been made with Singleton Associates
3. A Singleton Associates certificate will be awarded to candidates on achieving the required standard.

