
FIRST AID COURSE BOOKING FORM

Candidate Details: (Please print in block capitals)

Surname: _____ **First Name:** _____

Address:

Post Code:

Candidate Phone Number:

Candidate Email:

Course Start Date:

Course end date:

Please book me a place on the above course. I am aware that cancellation within 7 days of the course start date will be charged at the full rate. I am prepared to participate in the practical element of the course. Please bring some form of ID with you on the first day of the course (ideally this should be photo ID). If the course is a refresher course; a copy of your previous certificate must be sent with this confirmation.

Candidate Signature:

Course Fee:

Course: FAW / REFRESHER / EFAW (delete as appropriate)

Invoicing Details

Contact Name:

Contact Email:

Company Address:

Post Code:

I authorise Singleton Associates to invoice me for the above delegate. I am aware that cancellation within 7 days of the course start may be invoiced at the full rate.

Signature:

Name (print):

Date:

Conditions of Booking:

- 1. The booking is for the above delegate unless prior agreement has been made with Singleton Associates**
- 2. As the course has a practical content and test, delegates are asked to come suitably dressed on all days and are able and prepared to fully participate in the practical aspects of the course.**
- 3. A QCF certificate will be awarded to all successful candidates**