FIRST AID MODULE 10B APPLICATION FORM

Name: District/Group/Unit:

Please circle your preferred date(s). A time will be allocated to you but if you are only able to attend a certain session please specify by circling am or pm as well.

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| **Module 10A Zoom/Module 10B combined face to face session for those who are unable to participate by Zoom** | | | | | |
| Saturday 19 March  (Quarries, Milton Keynes) | |  | | 2 pm | |
|  | | | | | |
| **Face to face Module 10 B 30 minute sessions** | | | | | |
| Saturday 19 March (Quarries, MK) | 10 am | 11 am | 1 pm |  | |
| Sunday 20 March (Quarries, MK) | 10 am | 11 am | 1 pm | 2 pm | 3 pm |

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| **Emergency Contact Details** | | | | | | | | | | |
| **Emergency Contact Name** | | | |  | | | | |  | |
|  | | | |  | | | | |  | |
| **Address** |  | | | | | | | | | |
|  |  | | | | | | | | | |
| Home or Work Tel No | | |  | |  | Mobile Tel No | | | |  |
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| **Special requirements** | | | | | | | | | | |
| **Do you have any special needs?**  **(e.g. mobility, health, cultural, faith, learning needs)** | | | | | | | **Yes/No** |  | | |
| **Do you have any known medical condition or allergies?** | | | | | | | **Yes/No** |  | | |
|  | | | | | | |  |  | | |
| **If Yes**  **(please specify)** | |  | | | | | | | | |
| **I confirm I agree to attend this course and acknowledge that failure to attend without notification will result in a cancellation fee. I am also aware that once this course has taken place this form will be destroyed in compliance with GDPR.**  **I also confirm I will not attend if I have had COVID symptoms in the last 14 days, been pinged or knowingly had contact with anyone suffering from COVID in the last 14 days and will notify the Training Team of my non attendance.**  **Signed:** | | | | | | | | | | |