



BOOKING FORM

Personal Details

Title _____
First Name _____
Surname _____
Occupation _____
Date of Birth _____
Address _____

Postcode _____

How can we contact you?

Home Tel. _____
Mobile _____
E-Mail _____

**Details of any medical conditions or allergies
you think we need to know about.**

Course Details

Course Title _____
Course venue _____
Course Date _____
Do you currently hold a first aid qualification?
Qualification _____
Expiry Date _____
Awarding Body _____

I have read and understand the terms and conditions

Payment

If booking more than 2 weeks in advance a 50% deposit will be required to secure your booking. Full payment is due 2 weeks before the start of the course.

The full fee is £ _____

I enclose a deposit of £ _____
(if more than 2 weeks prior to course date)

I enclose the full fee of £ _____
(if within 2 weeks of course date)

I enclose a cheque payable to 'The First Aid Zone' for the appropriate amount.

Please send the completed form to:

The First Aid Zone
66 Hinton Wood Avenue
Highcliffe
Christchurch
Dorset
BH23 5AJ