



Registration Form - Individual

Personal Details

Title : _____

First Name : _____

Surname : _____

Address : _____

Postcode : _____

Occupation : _____

Date of Birth : _____

Contact details

Mobile : _____

E-mail : _____

How did you hear about us?

Course Details

Course Title : _____

Course Venue : _____

Course Date : _____

Have you done a first aid course before?

Qualification : _____

Expiry Date : _____

Awarding Body : _____

Medical conditions, disabilities or allergies we should be aware of

Name & telephone of a person we can contact in the event of an emergency

Payment

If booking more than a month in advance a non-refundable 50% deposit will reserve your place. The full payment for your booking is due on the first morning of the course. If booking within one month of the course date the full fee is payable.

The full fee is £ _____

I enclose a deposit of £ _____ (if one month prior to course date)

I enclose the full fee of £ _____ (if within one month of course date)

I enclose a cheque payable to "London First Aid Ltd" for £ _____ and agree to pay the balance, if due, on the morning of the course.

Please send an invoice made out to _____

Signed: _____ Name: _____

Please send the completed form to:

Peta @ LFA
16 Arundel Terrace
London
SW13 8DP