

# MED-STAR PAEDIATRIC

## FIRST AID COURSE BOOKING FORM

Course Type:	
Course Date(s):	Times:
Course Venue:	
Name: (Please Print Clearly)	
Address:	
Post Code:	
Home Telephone:	Times to Phone:
Mobile:	
Email:	
What is your role in childcare:	
Number of staff working in your setting:	Number of children at setting:
Age range(s) of children in your care:	
Please give details previous first aid training (if any) and when:	
Do you have any special requirements for this course (i.e. course notes on coloured paper etc):	
How did you hear about Med-Star Paediatric courses?	
<p>Declaration:</p> <p>I confirm that I am fit to attend the above course and do not know of any medical reason why I should not be able to perform Cardiopulmonary Resuscitation on a training manikin. I agree to my above details being held on a computer by Med-Star Paediatric. I understand that they will not be passed to any other party. I have read and accept Med-Star Paediatrics' Terms &amp; Conditions stated on their website.</p>	
Signature	Date:.....