



## FIRST AID COURSE

DATE OF COURSE

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NAME

.....

ADDRESS

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.....  
.....

DATE OF BIRTH

.....

PHONE NUMBER

.....

EMAIL

.....

ANY SPECIAL DIETARY REQUIREMENTS, DISABILITIES OR EDUCATIONAL DIFFICULTIES  
WE SHOULD KNOW ABOUT?

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.....  
.....

I WOULD LIKE TO PAY BY (PLEASE CIRCLE)

CREDIT/DEBIT

CHEQUE

BANK TRANSFER  
(PAYABLE TO V. STOMAN  
SORT CODE 30 – 97 – 41  
ACCOUNT NO. 00325506)

**THE COST OF THIS COURSE IS £50.00.**

Please complete and return this form to the above address. Payment is due 6 weeks prior to the start of the course date.

Please contact Olivia Lancaster for availability and details on 01202 829 436 or email at southcoasthydrotherapyschool@gmail.com.