Response Medical Training & Supplies Ltd.
Course Booking Form.

Please return to: Response Medical Training & Supplies Ltd.
Training Co-ordinator
41, Applebee Way, Lyme Regis, Dorset. DT7-3EE.
Tel: 08700 112 671 Fax: 08700 112 673

Name: M / F D.O.B:

Address: Contact Telephone Numbers

Tel:
Mobile:
Work:

Post Code:

Name of Course: Course Number: Course start date:

Company the applicant is representing:

Tel of Company:

Next of Kin details: Emergency Contact Numbers:

Name:

Address:

note that these details will only be used in Emergency circumstances should you become ill or should something happen to you whilst you are on the course.

Medical conditions and Special requirements:

Please ensure applicants meet the correct joining requirements for the course they are applying for.
All applicants should wear suitable clothing and footwear for the course (Your Normal Working Uniform) if you have one, and in some cases a change of clothing may be required this will be indicated in the course joining instructions.
Please provide a current passport size photograph with your application form but do not use staples or tape to attach it. Photographs are only required on EMT, EMT-A, courses.

Accommodation:

Accommodation can be arranged for you, or you are free to book your own, For a ten day course you will normally need ten nights accommodation as most will arrive Sunday afternoon/evening ready for course start on the Monday, but please indicate exact number of nights required.

Payments:

All Course / Accommodation payments should be received with the Application form at least Two Weeks in advance of the course start date. Course fees should be made payable to: Response Medical Training & Supplies Ltd.

Refunds:

Refunds will only be given in full if cancellations are received one Week before the Course start date, Half the Course fee will be refunded if cancellations are received 72 hours before the Course start date.
If you are on a Course reserve list you will normally be informed 72 hours before the course start date.

The Applicant Declaration:

I have read and understand the content of this form and to my
Knowledge I meet the requirements, and enclose all Certificates required.
I am applying to join the above Course on the
Date stated and understand that if I give false information
I may be asked to leave the course.

Signature: ……..

Date: ……..

Accommodation Required: Y / N

Number of Nights Required:

Fees:

Course Fee: £

Accommodation Fee: £

Totals: £
Cheque Number:

All payments should be received Two Weeks prior to the Course start date and made payable to:

Response Medical Training & Supplies Ltd.