4 Minutes First Aid Training, Telephone: 01628 56 99 22 - E-mail: info@4Minutes.co.uk Web: www.4Minutes.co.uk

Candidate Registration Form

Please print your name	e clearly. This nam	ne will be printed o	n any certificate exactly as	it is written on this form.
First name				
Family (Surname) nan	ne			
Date of Birth	dd	mm	уууу	
Gender (please circle)) M	F	Rather not say	
Do you have any Spec	cial Needs or Rea	sonable Adjustm	nent required?	
Yes / No	Comment			
Email				
[] Please add me t	to 4 Minutes' News	letter. If you tick th	is, we do not use your detai	ls for any other purpose.
Please read the follow	ving statements a	and sign to indica	te agreement:	
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Data Processing Notic		source and agree	a. i. i. e canazio i ei i i i jeci	
The data you supply wi purposes within the Ter	ll be used by 4 Mi rms of the Data Pi	otection Act 2018		t we might use for administrative her parties unless required to by
Course Title				
Course Venue				
Signature			Date	