

4 Minutes First Aid Training Candidate Registration Form

Please print your name & email clearly. This name will be printed on any certificate exactly as it is written on this form. It must match the ID that you use. If it doesn't please explain to the Trainer (e.g. recent marriage / divorce)

First name

Surname

Email address (Required)

[] Tick to be added to the 4 Minutes' Newsletter. If you tick this, we do not use your details for any other purpose & you can opt out at any time.

[] Please tick to confirm that you are over 16 years old - our courses are for 16+ years unless otherwise agreed in advance.

We don't ask for your Gender identity, but if you have a preferred pronoun, please do let the Trainer know at a suitable time

Do you have any Special Needs or Reasonable Adjustment to be taken into account?

Yes / No	Comment

Please read the following statements and sign to indicate agreement:

- ✓ I am expected to take a full and active part in the course and be aware of my own health, safety and welfare as well as that of my fellow course participants.
- ✓ I understand that the course can be practical in nature and confirm I will participate in the reasonable demands of the course including, for first aid courses, being able to kneel, be rolled over as a simulated casualty and perform simulated CPR on a casualty.
- ✓ I understand that I will practice First Aid on other students in the class and that other students will practice their First Aid on me.
- ✓ I will inform the Trainer of any physical difficulty, illness or learning difficulty that will make completing the course difficult.
- ✓ I understand the assessment process (being continually assessed by various methods including assessor observation and written tests), complaints and appeals process available to me.
- ✓ I understand the rationale of the course and agree that it is suitable for myself.

Course (Please tick all that apply)

Emergency First Aid at Work []

First Aid at Work []

+F Forestry []

Emergency Paediatric First Aid (6h) []

Paediatric First Aid (12h) []

Forest School First Aid []

Outdoor First Aid (8h) []

Outdoor First Aid (16h) []

Bespoke First Aid []

Church First Aid []

BLS []

BLS (Martial Arts) []

Other [] Details _____

Data Processing Notice. The data you supply will be used by 4 Minutes and/or any Awarding Organisation that we might use for administrative purposes within the Terms of the Data Protection Act 2018. We will not supply it to other parties unless required to by Law. By signing below you agree to us holding and processing your data in this way.

Signature _____

Date _____