

First Aid Course Application Form

Please complete all sections in BLOCK CAPITALS.

Applications may be returned if information is incomplete or illegible.

BEFORE APPLYING FOR ANY COURSE, PLEASE READ OUR [FREQUENTLY ASKED QUESTIONS DOCUMENT](#)

Completed forms must be returned to:

Carnegie Coach Education, Leeds Metropolitan University, Carnegie Annexe, Headingley Campus, Leeds, LS6 3QQ (with the appropriate payment details or cheque enclosed).

Applications received without payment will not be processed.

Course Details:

Which course you are applying for:	
If you are applying for a First Aid at Work – Refresher or Basic Skills Update/ Annual Refresher or Basic First Aid Skills then please complete the required details at the bottom of this page.	
Course start date:	

Personal Details:

First Name		Last Name	
ULN (Unique learner Number)			
Gender	M / F	Date of Birth	Age on 31 st August 10
Permanent Home Address			
Postcode		Contact Telephone N°	
Term Time Address			
Postcode		Contact Telephone N°	
Email Address (Please print clearly as this will be used for all correspondence)			
Mobile Telephone N°		Emergency Contact N°	

IMPORTANT INFORMATION:

Are you applying for any of the following courses, if so please complete the appropriate details below:			
First Aid at Work – Refresher	If yes, please add your FAW expiry date here	__ / __ / ____	
Did you complete your previous First Aid at Work qualification with Leeds Metropolitan University?	YES/ NO	If NO, please tick to state a copy of you previous certificate has been enclosed	
Basic Skills Update/ Annual Refresher*		Basic First Aid Skills**	
*Basic Skills Update/ Annual Refresher, i.e.: You currently hold a valid FAW certificate and wish to annually refresh your skills.		**Basic First Aid Skills, i.e.: You wish to apply for a basic 3 hour qualification recommended as a pre-requisite for a further course you have applied for or to act as continued professional development (CPD) for a qualification you already possess/ position you hold.	

Course Payment Details, who is paying for the course?

Myself		Employer		Fee enclosed	£
IF YOU ARE PAYING BY CREDIT/ DEBIT CARD, PLEASE COMPLETE YOUR PAYMENT DETAILS ON THE FINAL PAGE OF THIS APPLICATION If your employer is paying your course fees and you require an invoice to be raised, please complete the following details in full:					
Organisation Name					
Contact Name					
PURCHASE ORDER NUMBER					
This must be provided for all applications where payment will be made via an invoice					
Contact Telephone N°					
Email Address					
Full Business Address, including postcode					

PLEASE ENCLOSED A STAMPED ADDRESSED ENVELOPE WITH YOUR APPLICATION FORM SHOULD YOU REQUIRE A RECEIPT

Disability

Do you consider yourself to have a disability?	Yes / No/ Prefer not to say *
Do you consider yourself to have a learning difficulty?	Yes / No/ Prefer not to say *
Please give brief details of medical conditions, disabilities and/or learning difficulties	

Ethnicity

I would describe my ethnic origin as:

Asian British Bangladeshi	Indian	Other white
Asian British Indian	Mixed White and Asian	Pakistani
Asian British Pakistani	Mixed White and Black African	Prefer not to say
Bangladeshi	Mixed White and Black Caribbean	White British
Black African	Other	White European
Black British	Other Asian	White Irish
Black Caribbean	Other Black	White Non European
Chinese	Other Mixed Background	Prefer Not to Say

Declaration:

I understand the requirements of the course, meet all pre-requisites as appropriate and enclose the necessary fee. Signed:	
Date	
Other Important Contact Details:	Telephone: 0113 812 7437 Fax: 0113 812 3204 Email: coacheducation@leedsmet.ac.uk Website: www.leedsmet.ac.uk/sport

Financial Implications for applicants not attending courses

The following cancellation policies apply for all Coach Education Qualifications

- Before 20 working days of the start date – Full Refund OR Fee Transfer
- Between 20 & 11 working days of the start date – £10 Admin Charge deducted from your refund
- Between 10 working days to the start date – NO refund or transfer

OFFICE USE ONLY:			
Payment Method/Date:		Card Authorisation Code:	

-----**CREDIT CARD DETAILS WILL BE DESTROYED AFTER PAYMENT IS TAKEN**-----

If you wish to pay by credit/debit card, please complete the following details below:

Card Number																				
Card Type: Visa/ Maestro/Mastercard (Delete as appropriate)																				
Valid From							Expiry Date													
Issue No						3 Digit Security No														
Amount:					£															
Card holder's Signature																				

Card holder's details, if different from the applicant:

First name		Last Name	
Full Postal Address			
Postcode		Contact Telephone No.	