

STAFF First Aid Course Application Form

carnegie coach education

Please complete all sections in BLOCK CAPITALS.
Applications may be returned if information is incomplete or illegible.

Completed forms must be returned to:

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

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.	

By completing, signing and submitting this application form, you agree to the terms and conditions of the course. Including that you have read and understood the course requirements and any pre-requisites and are familiar with our frequently asked questions and cancellation policy.

All correspondence will be forwarded to you by email unless otherwise requested

Course Authorisation

Organisation Name	LEEDS METROPOLITAN UNIVERSITY		
Faculty/ Service Area			
Signature of line manager			
Line Managers Contact Telephone N°			
Line managers Email Address			

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

All staff candidates must give 10 days notice to cancel a place or the full course fee will be charged to your faculty

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