

# FIRST AID TRAINING COURSE BOOKING FORM

If you have received this by FAX, please ensure that you can clearly read all the text

**Please phone / e-mail before attending the actual course**

**if you have any illness that resembles Flu or a Cold.**

Main Contact Person Details:-	Delegate Names:-
Name	1
Organisation / House name	2
No. & Road	3
Area / Village	4
Town	5
County	6
Postcode	
Day Phone No.	
Day Fax No.	
Evening Phone No.	
Evening Fax No.	
Mobile No.	
	Course Booked
	Venue
	Preferred Course Date
	Alternative Course Date #1
	Alternative Course Date #2
	Other Course & Date

**Llanrwst Courses Commence at 09.00 Newcastle on Clun Courses Commence at 10.00**

*Please indicate your chosen option for payment — see Terms of Business below*

<i>I enclose payment in full</i>	
<i>I enclose a 50% deposit, and will send the balance 2 weeks before the course date</i>	
<i>Payment will be made by OFFICIAL ORDER. Please Invoice the person detailed as follows:-</i>	

**Please complete both pages**

**OFFICIAL ORDER NUMBER / REF.**

*Signature.....*

Date

Total of course fees due = £

Deposit enclosed = £

Balance due = £

**Please send this form and payment to:-**

**Andy Sherriff, Nyth yr Hebog, Llandyrnog, Denbigh, LL16 4HB**

**Phone. (+44) 01824 790195**

**Thankyou for your booking**

Terms of Business

**PLEASE MAKE ALL PAYMENTS BY CHEQUE**

**PRIVATE BOOKINGS:—** Please provide a 50% deposit or payment in full with your booking, Any account balances are due for final settlement on the first day of the course. Course Certificates can only be issued once full payment has been received. **PUBLIC BODIES & INSTITUTIONS ETC:—** Please ensure that all payments are settled in full for the indicated amount without making deductions of any sort. Invoiced accounts are due for full and final settlement on or before the first day of the course.

**UNAUTHORISED DELAYED SETTLEMENTS:—** A.P.S. reserves the option to levy interest at 5% per week over Bank Base Rate for overdue invoices.

**CANCELLATIONS:—** Where a course organiser or an individual client cancels a course / course place less than 7 days before the course commencement, or fails to attend, Andy Sherriff reserves the right to retain any monies paid to him / offer an alternative date / or press for full settlement. Andy Sherriff will do his utmost to provide the agreed course tuition / services, but cannot be held responsible for late commencement / non-attendance / late course cancellation due to circumstances outside of his control, such as hazardous weather conditions, accident, transport theft / malfunction, incapacitating illness, strikes, civil unrest, riots, terrorism, biological – chemical – radiological incidents, epidemics etc. In the interests of safety, course quality, continuity and the best interests of other course members and any other factors that he feels appropriate, Andy Sherriff reserves the right to decline to accept a booking, to cancel an accepted booking and if necessary to require a person to leave a course that is underway, with any financial liability extending solely to the discretionary refund of any fees received. **Andy Sherriff reserves the right to refuse access or require a delegate to leave the course if in his opinion the delegate shows signs of illness, injury or condition that may prejudice the health or safety of that person or other delegates.** In this case, an alternative course date will be offered to that delegate. **Delegates are required to telephone prior to the course to discuss their health implications if they have recently visited any global or UK location where there is a known Influenza or other infection risk.**

Attendance on a course constitutes agreement of these terms.

*Please indicate any Workplace Title*

*Present or proposed Future Workplace*

**MEDICAL.** *The course involves physical activity such as kneeling and lifting. In confidence — do you have any condition that the organiser / Instructor should be aware of — including current & past medical — or pregnancy?*

*Please detail any recent illness / injury [Type & date]*

*Present qualifications of persons attending*

*Future qualifications?*









*Brief outline of Outdoor Activity experience*

*Outline of any previous First Aid / Medical Training*

*Any other comments?*

**Research** *Your comments would be most appreciated. Please mark the appropriate boxes*

*How did you hear of these courses?*

- |  |  |
|--|--|
|  <b>ATTENDED A PREVIOUS COURSE</b> |  <b>RECOMMENDATION — by</b>         |
|  <b>POSTER / MAILSHOT FLYERS</b>   |  <b>WEB SITE PAGES</b>              |
|  <b>HIGH MAGAZINE ADVERT.</b>      |  <b>BMC COURSES</b>                 |
|  <b>SUMMIT MAGAZINE ADVERT.</b>    |  <b>OTHER — please detail .....</b> |

***Have you attended one of my courses before? YES NO***