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| **BangorLogoRGB-1FIRST AID COURSE ENROLMENT FORM**Please complete **ALL** Sections in **BLOCK CAPITALS****Candidate** to complete parts 1 & 2, **Line Manager** part 3 & **Finance** to complete part 4

|  |
| --- |
| **1 - CANDIDATE DETAILS** |
| Surname: |  | Title: |  |
| First Name: |  | Payroll No: |  |
| College / Dept: |  | Building Name: |  |
| E-mail: |  **@bangor.ac.uk** | Phone No: |  |

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| **2 - COURSE REQUIRED**  |
| Please **WRITE** in the dates you wish to attend. Please also provide details of **special provisions** here:  |
| 1 Day Emergency First Aid at Work | 2 Day First Aid At Work Refresher | 3 Day First Aid At Work |
| Date:  | Dates:  | Dates:  |

**If you wish to attend in the next 14 days, please phone the supplier on 07786 326411 for availability.**

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| **3 - AUTHORISATION TO ATTEND – MUST BE COMPLETED BY THE LINE MANAGER** |
| I confirm the appointment of the above as a College/Service First Aider |
| Print Name: |  | Job Title: |  |
| Signature: |  | Date: |  |

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| **4 - PAYMENT DETAILS – MUST BE COMPLETED BY THE SCHOOL/SERVICE – NO COST CODES ALLOWED** |
| Options: Credit Card or Purchase Order. Bookings **ARE NOT** confirmed unless payment details are given |
| 1 Day Course: £75 + VAT | 2 Day Course: £125 + VAT | 3 Day Course: £185 + VAT |

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| Credit Card [ ]  | If paying by Credit Card please call the supplier on 07786 326411 to make payment |
|  | Signature: |  | Date Paid: |  |

|  |  |
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| Purchase Order [ ]  | Please complete the following *(****do not*** *send the P.O. to Medi-Tec)* **Supplier: M0376** |
|  | PO Number: |  | Phone No: |  |
|  | College / Dept: |  |
|  | College / Dept Address: |  |

 |
| **PLEASE NOW EMAIL the FULLY completed form to** info@hyfforddiantmenaitraining.co.uk and e.riches@bangor.ac.uk |