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| **Candidate Details** |
| **Title:** |  | **Name:** |  |
| **Date of Birth:** |  | **Telephone:** |  |
| **Email:** |  |
| **Emergency Contact Details** |
| **Name:** |  | **Telephone:** |  |
| **Before starting this course, if you aren’t already a member of the RLSS UK, you need to set up a RLSS UK account, go to** [**rlssuk.tahdah.me/account/registernew**](https://rlssuk.tahdah.me/account/registernew) **select ‘No’ and follow the instructions. For further support you can use the guide** [**here**](https://intercom.help/RLSSUK/en/articles/3675672-how-to-create-an-account-new-customers)**.** |
| **Society Number** | **3** |  |  |  |  |  |  |  |  |

**HOW RLSS UK USE YOUR DATA**

By completing this form, you agree to RLSS UK and its two limited companies RLSS UK Enterprises Limited (trading as RLSS UK Shop) and IQL UK Limited processing and storing your personal data for the purpose of fulfilling our contract to provide you with your award or qualification. We promise your personal data will only be used by RLSS UK, RLSS UK Shop and IQL UK Limited. We will keep your data safe and will never share it with other organisations without your permission. For full details of how we process and store your data please refer to our Privacy Policy that can be found at <https://www.rlss.org.uk/privacy-policy>.

In accordance with GDPR, this information will be held securely for up to 7 years. It may be shared with City First Aid Solutions and/or RLSS personnel for quality assurance.

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| **Course Prerequisites – All learners must meet the following criteria before starting the course (please tick)** | **✓** |
| Be 16+ years of age on the date of assessment |  |

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| **Specialist Learning Requirements** | **Yes** | **No** |
| Do you have any specialist learning requirements? |  |  |
| Do you have a disability / medical condition? \*please note a good level of vision and hearing is required for this course |  |  |
| **If you have answered yes to either of the above, please provide further details below on how we can assist with your learning:** |
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| **Declaration** |
| I declare that all of the information I have provided on this enrolment form is true and accurate. I understand that if I have failed to declare any specialist learning requirements at this stage, this may impact my ability to successfully pass the assessment and gain the qualification.  |
| **Candidate Signature:** |  | **Date:** |  |
| **Parent/Guardian Signature (if under 18):** |  | **Date:** |  |
| **Course Information – to be retained by the candidate** |
| The Emergency First Aid at Work Course requires a minimum of 6 hours (1 day) training and requires **100% attendance**. The course will be delivered using a variety of methods including:* PowerPoint presentations
* Flip chart exercises
* Guided group discussions
* Guided group activities
* Practical demonstrations and training

The Emergency First Aid at Work certificate is valid for 3 years from the date of successful completion of the course.**Topics Covered:**You will learn how to provide emergency first aid in the workplace to colleagues, including the management of unconscious casualties, CPR, bleeding, shock, minor injuries and a variety of first aid related incidents in the workplace. For full details on the courses content and to view RLSS UK policies, please visit: <https://www.rlss.org.uk/policies> **Equipment Required:*** Photographic Identification (must be shown to the trainer on the first day of the course)
* Pen / pencil

**Course Assessment:**The competence of each learner is continually assessed by the trainer during the course. Learners will be required to demonstrate their knowledge and understanding of the topics covered through written theory question as well as practical demonstrations of first aid skills.If you have any questions prior to the start of the course, please feel free to contact your course trainer using the details below |
| **Name:** |  | **Telephone:** |  | **Email:** |  |

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| **Additional Information** |
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