**Confidential**

**Mini Medics Course Booking Form**

Complete this form and return to The Training Cabin for registration

Please note: **We require this completed form prior to your training day**

If emailing the completed form to us, we will request a signed copy from you on your training day. Email completed form to admin@thetrainingcabin.com

COURSE TITLE: **MINI MEDICS**

DATE OF COURSE:

Child 1

|  |  |  |
| --- | --- | --- |
| **First Name:** | **Surname:** | **Age:** |

Child 2

|  |  |  |
| --- | --- | --- |
| **First Name:** | **Surname:** | **Age:** |

Child 3

|  |  |  |
| --- | --- | --- |
| **First Name:** | **Surname:** | **Age:** |

|  |  |
| --- | --- |
| **ADDRESS**:  | **Post Code:** |

|  |  |
| --- | --- |
| **Telephone:**  | **Email:** |

|  |
| --- |
| Company / School Name (if applicable): |

**Some of our training courses can include a physical element, so that we may make reasonable or necessary adjustments, please complete the table below as fully as possible.**

|  |  |  |  |
| --- | --- | --- | --- |
| Details of any learning difficulties | Details of any physical disabilities | Details of any health conditions | Details of any special dietary requirements\* |
|  |  |  |  |

**Your information will be treated securely and confidentially and will be destroyed in accordance with our personal data policy.**

Do you consider yourself to have any disability? Yes ☐ No ☐

\* Special dietary requirements are those based on allergy, medical or religious reasons only

Reasonable Adjustment Required? Yes ☐ No ☐

Please explain what reasonable adjustments are required below:

|  |
| --- |
|  |

**PARENT / GUARDIAN CONSENT**

I am booking my child / children on the Mini Medics course and authorise their attendance

|  |
| --- |
| Signed: Parent / Guardian (delete as necessary) |
| Print Name:  |