

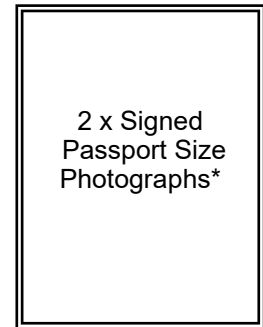
Telephone: 0151 638 3897  
Fax: 0151 638 3897  
Web site: www.emergencyservices-training.com  
E-mail: info@emergencyservices-training.com

Your course will be held at  
2 East Street  
Birkenhead  
CH41 1BY



# EMERGENCY SERVICES TRAINING CENTRE

## DIVER MEDICAL TECHNICIAN (DMT) FULL COURSE IMCA APPROVED BOOKING FORM



Name:   
Address:   
Postcode:   
DOB:  (DD/MM/YYYY)  
Tel No:   
Email:   
Hospital/Company:   
Address:   
Postcode:   
Tel No:

If you have any special dietary requirements please specify:

Course Price: **£920.00 (inc. VAT & lunch)**

Course Date:

Qualification:  Part1  Part 2  Part3  
 Part 4  LST  ALST  Supervisor  
 Mini Bell  Sport Diver  
Supervisor Mini Bell Sports Diver

Which diver number do you want on your cert?

Where did you hear about us?

Items marked with an \* are required. Application forms cannot be processed without this information.

**Please send payment with the printed application together with 2 x signed passport photos. Confirmation of a place on the course will not be sent until ALL documentation and payment are received.**

**I understand that the following fee will be levied for cancellations.**

6-4 weeks before the course date: 20% of course cost  
4-1 weeks before the course date: 50% of course cost  
Less than 1 week before course date: Full cost of the course.

Please sign and confirm that you have read and understood the cancellation agreement. Thank you

Signature: .....

Date: .....

Please make cheques payable to: **Emergency Services Training Centre Ltd.**  
Please return the booking form with payment and photographs to the above address as soon as possible.

