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EMERGENCY SERVICES TRAINING CENTRE LTD

PRE-HOSPITAL TRAUMA LIFE SUPPORT (PHTLS) BOOKING FORM

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

Course Price: **£475.00 inc VAT**

Course Date:

If you have any special dietary requirements please specify:

***Position:** (please tick as appropriate including the relevant registration number)

Nurse	<input type="checkbox"/>	NMC No.	<input type="text"/>
Technician	<input type="checkbox"/>	Registration Number	<input type="text"/>
NHS Registered Paramedic	<input type="checkbox"/>	HCPC No.	<input type="text"/>
Medical Doctor	<input type="checkbox"/>	GMC No.	<input type="text"/>
Firefighter	<input type="checkbox"/>	Speciality/Grade	<input type="text"/>
Other: If other please specify.			<input type="text"/>

Where did you hear about us?

This course is a physically and mentally demanding course, can you please ensure you are physically fit and able to carry out any manner of strenuous exercise.

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 passport photos. If you are unable to post the photos, please bring with you on the day.

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.**

