Mental health first aid participant registration form

local organisations

**Contact details**

**Full Name:**

**Email :**

**Contact number :**

**Address :**

**Post code:**

**Preferred course dates**

Preferred date of attendance (please tick the dates you would like to attend

* Thursday 19th and Friday 20th of  November
* Wednesday 9th and Thursday 10th December
* Tuesday 15th and Wednesday 16th of Decembers

Please note both dates must be attended to complete the course.

Participants who are more than 1 hour late will not be permitted to the session

**Additional information**

Please let us know if there are any access issue you will need to be met in order for you to attend:

**Course fee**

This course cost £20 which can be paid on the first day of the training or before either in cash or by cheque.

I agree to pay the fee of £20:

 Participant signature: ..................................................date: ...............................................

Received by:.................................................................