Mental health first aid participant registration form

Local residents

**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:

**Deposit/ cancelation fee**

*At* ***£10*** *deposit will be required to secure a place on this course.*

This will be returned to you on completion of the course or retained as a cancellation fee if you fail to attend the course or inform us with at least 48 hours notice.

* Deposit paid
* Deposit returned

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

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