|  |
| --- |
| **Training Centre Name:**  |
| **Training Centre Contact Name:**  |
| **Training Location Address:**  |
|  |
| **Postcode:** | **E.mail:** |
| **Telephone:**  | **Mobile:**  |

**Your Details – Please inform the training centre if any information changes or is missing before your training date. If under 18yrs, these details also need to be checked by a parent or guardian.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  | **D.O.B:**  | **Age:**  | **M/F:**  |
| **Address:**  |
|  |
|  |
| **Postcode:**  | **Email:**  |
| **Telephone:**  | **Mobile:**  |
| **Height:**  | **Weight:**  |
| **Declared medical conditions & Allergies:**  |
| **Declared Medication:**  |
| **Declared Disabilities / Special Requirements:**  |

|  |
| --- |
| **Next of Kin or Parent / Guardian Contact Details:** |
| **Name:**  | **Relationship:**  |
| **Address:**  |
|  |
|  |
| **Postcode:**  | **Email:**  |
| **Telephone:**  | **Mobile:**  |

**Please remember to complete your Pre-Assessment Theory Test and return it at least 7 days prior to your training date. Also remember to bring this form and any other documents with you. You must also bring any prescribed or required medication with you.**

**Return completed form to Malcolm Curtis by email malcurtis1957@Hotmail.co.uk or post to 17 Thornham Close, Pakefield, Lowestoft. NR33 7HJ**