|  |  |  |
| --- | --- | --- |
| **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**