

**Application for First Aid Courses**

Company Name (if applicable)	
Name	
Address	
Postcode	
Home Phone	
Mobile Phone	
Email Address	

**Type of Course required**

Basic First Aid	
First Aid at Work (FAW)	
Paediatric Training	
Defib Training	

**Type of Course**

Summarize the type of course you wish to participate in including No. of persons who wish to attend the course include any special requirements

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that should the event be cancelled or postponed I will contact LVFS immediately. There may be a cancellation fee charged in certain circumstances.

Name (printed)	
Signature	
Date	

**Our Policy**

Launceston Voluntary first-aid Service is a Voluntary organization and all its members are volunteers, these volunteers are either first aid (FAW) or support members.

These members have a lot of experience in the medical field, ranging from paramedic, nurses, physiotherapist with these skills allows us to provide a professional first aid service.

We are a non-profit organization who provides affordable first aid cover for local and community event. We can also provide a first aid training programme, this is strictly for local business and is part of our non-profit service. Thank you for completing this application form and for your interest in asking us to provide First Aid cover with us