EAST MIDLANDS NETBALL FIRST AID

BOOKING FORM

|  |  |
| --- | --- |
| **Candidate Name** (Ms/Mr/Miss/Mrs) |  |
| **Affiliation Number / Netball ID No:**  (if applicable) |  |
| **Applicant Address** |  |
| **Contact Telephone No** |  |
| **E-mail address** |  |
| **Date of Birth**  (Applicants must be 16 years of age) |  |
| Emergency Contact Name |  |
| **Emergency Contact No** |  |
| **Medical Information**  (e.g epilepsy, asthma, diabetes, allergies etc) |  |

## Payment:

Please ensure you enclose payment with reference: First Aid

**BACS**: East Midlands Regional

Account Number: 32612291

Sort Code: 40-30-24

**Cheques** must be made payable to:

East Midlands Netball with the candidates name clearly printed on the back and returned by **Wednesday, 12th December** to:

**Michelle Austin**

**East Midlands Netball Office,**

**England Netball, SportPark,**

**3 Oakwood Drive, Loughborough, LE11 3TU**

**Please note we are unable to accept cash payments. Should you wish to discuss being invoiced for this course, contact:** [**Eastmidlands@englandnetball.co.uk**](mailto:Eastmidlands@englandnetball.co.uk)

**Cancellation Policy**:

Requests to cancel a booking should be directed to your Course Organiser and will be considered on an individual basis

|  |  |  |  |
| --- | --- | --- | --- |
| Are you male or female? | |  |  |
| Date of Birth | |  |  |
| What is your ethnic group? | |  |  |
| White | White British | Black or Black British | Black Caribbean   African   **Other Black ** |
|  | |  |  |
| Mixed | White & Black Caribbean   White & Black African   **White & Asian**  ****  **Other Mixed ** | Chinese or Other Ethnic Group | **Chinese **  **Other Ethnic Group** |
| Asian or Asian British | Indian   Pakistani   Bangladeshi   **Other Asian ** | Prefer not to say | **** |
| Unknown | **** |

The Disability Discrimination Act 1995 defines a disabled person as anyone with a ‘physical or mental impairment which has a substantial and long-term adverse effect upon his/her ability to carry out normal day to day activities.’

|  |  |  |  |
| --- | --- | --- | --- |
| Do you consider yourself to have a disability? | |  |  |
| If Yes, what is the nature of your disability? | |  |  |
| **Visual ** | **Learning ** | **Hearing ** | **Multiple ** |
| **Physical ** | **Other ** | **Prefer not to say ** |  |