Leonardo Carer Support

 Anne van Brussel House

 Unit 1, Albany Business Park

Cabot Lane

Poole, Dorset

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e: info@leonardocarersupport.org

In Partnership with

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| Office use onlyDate Received: |

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Carers First Aid Workshop Course Application Form

**Carers details:**

|  |  |
| --- | --- |
| Name of Carer: |  |
| Address of Carer: |  |
|  | Postcode: |  |
| Tel No: |  | Mobile No. |  |
| Email: |  |
| Date of Birth: |  | How long have you/they been a carer? |  |
|  |
| Name of person cared for: |  |
| Their age: |  |
| Relationship to the carer: |  |
| Please state which venue you would like to attend. |  |
| Would you prefer the AM or PM session? |  |
| Where did you hear about the course? |  |

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| I understand that all information supplied on this application form to Leonardo Carer Support will be kept strictly confidential and will only be used for the purpose of administration. I understand that this information will be shared with Ark Medical Solutions for the administration of the course.  |

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| --- | --- | --- | --- |
| Name of person completing the form |  | Date |  |

**OFFICE USE ONLY**

|  |  |
| --- | --- |
| Date entered on spread sheet |  |
| Copy of application form in first aid file: |  |
| Confirmation sent to carer via e-mail: |  |
| Have they attended the course before? |  |