**First Aid Training**

**Course Booking Form**

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| --- | --- | --- | --- |
| First Name: |  | Job Title: |  |
| Surname: |  | Section: |  |
| School/Establishment |  | Division |  |

|  |  |
| --- | --- |
| Address: (home/personal address required for SQA certification) |  |
| Tel Number: |  |
| E-mail address: |  |

|  |  |
| --- | --- |
| Course Title: (EFAW, FAW, FAW Revalidation or Emergency Aid Course)/ Course Code |  |
| Course Venue : |  |
| Date (s) of Course: |  |
| Your full Budget Code to be invoiced for first aid course, |  |
| Name of Authorising Supervisor/Manager: |  |
| Signature Line Manager |  |

Please email completed form to: william.stephen@midlothian.gov.uk

**Or post to:**

Bill Stephen –Education Support Officer

Midlothian Council

Education Communities & Economy

Fairfield House

8 Lothian Road

Dalkeith

Midlothian  
EH22 3ZG