

**Application Form
First Response 2010**
Please photocopy this form as necessary
(Please complete in BLOCK CAPITALS)

Name:.....

Address:.....

.....

Telephone:.....Email:.....

District:.....Division:.....

Unit (including section).....

Please tick in the box the course required

Course	Venue	Date of Training	Closing Date
1F Renewal 1 st Session 10.00am -12.30pm [] 2 nd Session 1.30pm - 4.00pm []	Rustington	Sat 23 rd January 2010	13 th December 2009
2F New []	Storrington	Sat 6 th March 2010	30 th January 2010
3F Renewal []	Worthing	Thurs 25 th March 2010	11 th February 2010
4F Renewal 1 st Session 10.00am - 12.30pm [] 2 nd Session 1.30pm - 4.00pm []	Littlehampton	Tues 1 st June 2010	30 th April 2010
5F New []	Chichester	Sun 6 th June 2010	2 nd May 2010
6F New []	Lancing	Sat 13 th November 2010	9 th October 2010

Do you hold a current First Aid Qualification Yes/No

Title of qualification.....Date gained.....

Please check the current Leadership Qualification Book First Response requirements (pg 41) and note any clauses not covered by your qualification on the reverse of this form

If you have any disability or special needs which may prevent you participating in any aspect of First Aid or you have a severe aversion to any aspect of First Aid, (e.g. blood) please detail on the back of this form.

Please return this form together with a cheque for £6.00 payable to:

“Girlguiding Sussex West P & T account” to:

Ms Val Noble ~ County Address Book Page 12