Course Registration Form

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PLEASE COMPLETE ALL SECTIONS ON THIS FORM IN FULL AND RETURN WITH ALL MONIES AND THREE RECENT PASSPORT PHOTOGRAPHS, AT LEAST TWO WEEKS PRIOR TO YOUR COURSE START DATE. RETURN TO:**  ORCHID RISK MANAGEMENT  MEDICAL TRAINING UNIT  UNIT 25  ALBANY BUSINESS PARK  CABOT LANE  POOLE  DORSET  BH17 7BX | | | | | | | | | | |
|  | | | | | | | | | | |
| **Forename:** | | | | | | | Orchid Use Only | **Correspondence Address:**  **Postcode** | | |
| **Surname:** | | | | | | |
| **Date of Birth:** | | | | | | |
| **Gender:** | | |  | **Male** |  | **Female** |
| **Telephone (Home):** | | | | | | |
| **Telephone (Mobile):** | | | | | | |
|  | | | | | | | | | | |
| **Type of Course to be Undertaken** | | | | | | | | |  | |
|  |  | First Aid at Work | | | | | | | |  |
|  |  |  | | | | | | | |  |
|  |  | Emergency First Aid at Work | | | | | | | |  |
|  |  |  | | | | | | | |  |
|  |  | First Aid at Work Requalification\* | | | | | | | |  |
|  |  |  | | | | | | | |  |
|  |  | Pediatric First Aid (6 hours) | | | | | | | |  |
|  |  |  | | | | | | | |  |
|  |  | Pediatric First Aid (12 hours) | | | | | | | |  |
|  |  |  | | | | | | | |  |
|  |  | Oxygen Administration | | | | | | | |  |
|  |  |  | | | | | | | |  |
|  |  | Anaphylaxis Awareness | | | | | | | |  |
|  |  |  | | | | | | | |  |
|  |  | First Responder (Cardio Pulmonary Resuscitation and Defibrillation) | | | | | | | |  |
|  |  |  | | | | | | | |  |
|  |  | First Person on Scene Basic | | | | | | | |  |
|  |  |  | | | | | | | |  |
|  |  | First Person on Scene Intermediate | | | | | | | |  |
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\**Please note that in order to be accepted on the First Aid at Work Requalification course, a current in date First Aid at Work with the course applicants name must be provided prior to acceptance on the course.*

**PHOTOGRAPHIC IDENTIFICATION MUST BE PROVIDED ON ARRIVAL AT THE TRAINING VENUE PRIOR TO THE COMMENCEMENT OF THE COURSE. (I.E. PASSPORT, DRIVING LICENCE PHOTOGRAPH CARD).**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Do you consider yourself to have a disability?** | | | | | | | | | | | | | | |
|  |  | Yes |  | No |  | Prefer not to disclose | | | | | | | | |
| If ‘Yes’ what is the nature of your disability? | | | | | | | | | | | | | | |
|  |  | Visual |  | Learning |  | Hearing |  | Multiple |  | Physical |  | Other |  | Prefer not to say |
| Please give details including any assistance or special consideration that you may require: | | | | | | | | | | | | | | |
| ***Please note that by signing the declaration you are confirming your physical ability to complete the course*** | | | | | | | | | | | | | | |

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| **Ethnic Origin** | | | | | | | | | | |
| **White:** |  | British |  | Irish |  | Other\* | | | | |
|  | | | | | | | | | | |
| **Mixed:** |  | White & Black Caribbean |  | White & Asian |  | White & Black African |  | | Other Mixed\* | |
|  | | | | | | | | | | |
| **Black/Black British:** |  | Caribbean |  | African |  | Other Black\* | | | | |
|  | | | | | | | | | | |
| **Asian/Asian British:** |  | Indian |  | Pakistani |  | Bangladeshi | |  | | Other Asian\* |
|  | | | | | | | | | | |
| **Other Ethnic Group:** |  | Chinese |  | Not Listed\* | | | | | | |
| *\* Please Specify:* | | | | | | | | | | |

***Terms and Conditions for Course Bookings***

**Booking a Course:**

**To secure your booking and avoid disappointment please follow the below:**

* You must send a minimum deposit with your Booking Form. The balance must be paid at least 14 (fourteen) working days prior to the course commencement; full payment will also be accepted at time of Booking.

**Provisional Bookings:**

* To register interest in a course, a provisional booking may be taken pending a deposit or payment as above but this will not guarantee your place on the course. Bookings secured as in section1 above have priority over provisional bookings.

**Late Bookings:**

* Late bookings, i.e. within 14 days of course commencement, must be accompanied by full payment

**Course Cancelation of Transfer:**

* If you cancel your course booking, or request a transfer to a later course, with more than 21 working days before course commencement, there will be no cancellation fee. You will be entitled to have the payment credited against a future course or returned.

**Late Cancelation or Transfer:**

* If you cancel your booking, or request a transfer to another course, within 21 - 14 working days of course commencement, a cancellation fee will be levied against you to offset the costs of the unfilled place on the course.
* The cancellation fee will be 20% of the total course cost (to a maximum of £350.00) and this will be deducted from payments received. No refund will be given.
* In the unlikely event that the centre cancels your intended course, or re-arranges your intended course and, as a result of such a change, you are unable to attend, you will be entitled to a full refund.

**Course Fees:**

* Orchid reserves the right to change Course Fees, Terms and Conditions at any time.

**VAT:**

* All course fees, including cancellation fees, are subject to VAT at 20%.

***Orchid Code of Conduct***

**Change of Address/Personal Details**

* All trainees should inform the centre if any of your personal details change so to allow the centre administration to maintain the ability to contact and inform you of any changes of course details.

**Confidentiality**

* The Centre are committed to maintaining the highest degree of integrity in all our dealings with potential, current and past clients, both in terms of normal commercial confidentiality, and the protection of all personal information received in the course of providing the business services concerned.

**Duty of Care**

* The actions and advice provided by the centre will always conform to relevant law, and we believe that all businesses and organizations, including ourselves, should avoid causing any adverse effect on the human rights of people in the organizations we deal with, the local and wider environments, and the well-being of society at large.

**Quality Assurance**

* The centre maintains the quality of what we do through constant ongoing review with our clients, students and or delegates. We encourage regular review meetings and provide regular progress reports within our management systems.

**Alcohol / Drugs**

* If the centre management suspects that you have been drinking or are drunk or that you have taken drugs and are unfit for training you will be withdrawn from the course under Gross Misconduct. If you are caught selling or influencing the sale of drugs you will be dismissed instantly and reported to the relevant authorities.

**Gross Misconduct**

Certain serious actions may result in the instant termination of your course without following the warnings procedure. The following list gives examples of actions considered for Gross Misconduct but is not exhaustive:

* Alcohol or Drugs taking whilst executing company business, theft or attempted of Company property (physical or intellectual), wilful damage to property, threatened or actual assault, acts which seriously endanger the health and safety of other students and trainers, fraudulent activity, conduct which may seriously offend other students, visitors or trainers of the company.

**Ethics**

* The Centre prides itself by conducting business honestly and honourably, and expect our clients, suppliers and students to do the same. Our advice, strategic assistance and the methods imparted through our training, take proper account of ethical considerations, together with the protection and enhancement of the moral position of our clients and suppliers.

**Professional Conduct**

The Centre conducts all of its activities professionally and with integrity. We take great care to be completely objective in our judgment and any recommendations that we give, so that issues are never influenced by anything other than the best and proper interests of our clients.

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| **CANDIDATE DECLARATION- MUST BE COMPLETED** | | |
|  |  | By signing this application, I confirm that I have read, understand and accept all the information provided in pages 1-5 |
|  | | |
|  |  | I have included recent passport photographs : (Emergency First Aid at Work x 1, First Aid at Work x 2, FPOSi x 4) |
|  | | |
|  |  | I understand that I will not be allowed to participate the course without valid photographic ID |
|  | | |

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| --- | --- | --- |
| **PRINT NAME** | **SIGNATURE** | **DATE** |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office Use Only** | | | | | |
|  | **Name** | | | **Date** | **Signature** |
| **Trainer** |  | | |  |  |
| **Assessor** |  | | |  |  |
| **Photographic ID Type** | |  | **Verified By:** | |  |

**When ID has been verified and photographs are a true likeness of candidate; attach one passport photograph to:**

1. **Page 1 of course registration form in box provided.**
2. **Page 1 of IHCD First Person on Scene Awards assessment pack (if applicable).**
3. **Page 1 of Orchid Medical Training Unit competency assessment pack)(If applicable).**