**

# **MENTAL HEALTH FIRST AID BOOKING FORM**

**Name of organisation:**

……………………………………………………………………………………………………………

**Name of person completing this form/contact lead:**

……………………………………………………………………………………………………………

**Organisation contact email and telephone number:**

……………………………………………………………………………………………………………

**Name and email addresses of participants:**

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**Invoice address and email:**

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**Do you qualify for support funding as a volunteer group?**

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*Please speak to Ben Feasey* *ben.feasey@actioneastdevon.org.uk* *if unsure*

**Course dates**  ……………………………………………

 ……………………………………………

I understand that all participants must attend both full days to be signed off as a qualified first aider.

I understand that places will be confirmed once payment is received.

**Signed**………………………………………………………**Date**……………………………………

**Cancellation policy**: Cancel within 48 hours of the event, no refund; cancel within 7 days of the event, 50% refund: cancel after payment, 90% refund (to cover admin fee).