

Cardiac First Responder – Booking form

Training Centre Details

Address:			
Date:		Time:	
Fee:	€680 for eight people		

Personal Details

Name:			
Address:			
Telephone:			
Email:			

Please circle your age group: 16/19 20/30 31/40 41/50 over 50

Please name the venue where you would like to have a course provided. A minimum 8 persons is necessary to run the course at your own venue.

Name:			
Address:			
Telephone:			
Contact Person:			

**** NOTE: Before the course:** Please note that this is a practical course. Please wear comfortable jumper, trousers and flat shoes. Please inform us if you have any health issues that may impact your participation in the course.

I _____ wish to attend the above **Public Access Defibrillation Course**.

I enclose a completed booking form and €_____ course fee.

Please send to: Rosemarie Hayden, Unit Officer, Clane Branch, Irish Red Cross, Rose Cottage, Mountarmstrong, Donadea, Naas, Co. Kildare (Cheques made payable to the Clane Red Cross)