

CLEVELAND SCOUTS ADULT SUPPORT

FIRST AID



We are now able to offer First Aid training by Red Cross Trained Instructors and Assessors. The level of training is Basic First Aid [1 day], appropriate for Leaders' appointment requirements or Practical First Aid [2 days], necessary for Activity Permits. Certificates will need to be renewed every 3 years. Any person who has a current Practical certificate, which has not yet expired, can renew their certificate by doing a one day refresher course **before Expiry Date** but they must bring their current certificate to the course.

Applicants who have no certificate or it has expired **MUST** complete whole course.

Courses on offer at Present: Basic or Practical First Aid as indicated

Date & Venue: 2009

- P** Sunday 8th February - Hartlepool (Refresher for Practical/Basic)
- Q** Saturday 28th & Sun 29th March - Skelton (Full Practical First Aid)
- R** Tuesday 9th, 16th & 23rd Jun - Middlesbrough - Evening course if needed
- S** Sunday 20th Sept - Middlesbrough (Refresher for Practical/Basic)
- T** Saturday 21st & Sun 22nd Nov - Billingham (Full Practical First Aid)

Duration: *Basic/Refresher [1 day] 9.15am - 5pm [7 1/2 hours]
*Full Practical First Aid [2 days] 9.15am - 5pm [7 1/2 hours]

Cost: £ 15 for Basic Course and £20 for Practical
Please bring a packed lunch

Applications to Freda Ford, 27 Skiddaw Court, Nunthorpe, Middlesbrough TS7 ORD with Fee of £15/20* **before closing dates - see below ***

Applications for 2009 courses should be sent before the 30th of Month prior to course
except course **P** when closing date is 31st December 2008
Each course is restricted to maximum of 18 people so get your applications in now.

✂-----

Please book me a place on the First Aid Course [please ✓ as appropriate]

P= 8th Feb Q = 28th & 29th Mar R = 9th, 16th, 23rd Jun S = 20th Sep T = 21st & 22nd Nov

I enclose fee of £15/20* (payable to Cleveland Scouts Training Team account)
NO CHEQUE - NO REGISTRATION

To be received before 30th month prior to course *

Name _____ Date of Birth _____

Address _____

Post Code _____ Tel No: _____ Emergency Tel No: _____

Email _____ Section/Group _____