



SPA Course Booking Form

	Yes	No
Have you registered with the MLTE for the SPA course?	<input type="checkbox"/>	<input type="checkbox"/>
Training - have you fulfilled the pre requisites for the course?	<input type="checkbox"/>	<input type="checkbox"/>
Assessment - have you fulfilled the pre requisites for the course?	<input type="checkbox"/>	<input type="checkbox"/>
Assessment – have you a current first aid qualification (involving 16 hours deliver and an assessment)	<input type="checkbox"/>	<input type="checkbox"/>

Your Details

Name:	DOB:	
Address: (Inc postcode)	Telephone day / night:	
	Mobile:	
	Email:	
Medical information Any medical /dietary requirements staff need to be aware of?		
Course requirements: (please tick appropriate)		
Training		Assessment
Course dates (1 st choice)	Course dates (2 nd choice)	
Payment Please enclose a cheque, for 50% of course fees, made payable to Mountain Activity Company with this form or to make BACS payment, our preferred method, please contact us for Mountain Activity Company’s bank details. Please return this form to: Nick Pilling, 20 Whitebridge Drive, Darlington. DL1 3TY		