

## CPR/Defib training booking form



**\*Must be completed**

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| <b>Event/Group Name *</b>  |  |
| <b>Booking contact name *</b>  |  |
| <b>Email *</b>   |  |
| <b>Telephone number *</b>  |  |
| <b>Full training venue address<br/>(including County &amp; Postcode) *</b>   |  |
| <b>Will the group consist of<br/>Adults/Children *</b><br><br>(If children, what ages?)  |  |
| <b>Number of participants *</b>  |  |
| <b>Information on room<br/>size/floor surface</b> (We need<br>adequate space to perform training,<br>table, chairs to one side etc)  |  |
| <b>Is there parking on site?</b><br><br>(Is it free?) <b>We do need to drop off kit<br/>near to the entrance</b>   |  |
| <b>Does the group have a<br/>connection to EAAA?</b> (ie is one<br>of your members a patient)  |  |
| <b>How did you hear about the<br/>training?</b>  |  |
| <b>Please provide us with a<br/>minimum of 6 x potential<br/>dates/timings for the<br/>session(s) to be held, with a<br/>maximum of 2 x sessions in<br/>any one month*</b> |  |
| <b>How would you like to be<br/>contacted?</b><br><br>(email/phone/post/SMS)   |  |

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| <b>Additional information</b> |  |
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Please be aware that our CPR volunteers do not have an enhanced DBS check and will require staff attendance/chaperone when working within schools