

# Sports First Aid Registration Form

##### Course Date & Venue *(insert course date & venue)*

 **BLOCK CAPITALS PLEASE**

|  |  |
| --- | --- |
| Name (Including title) |   |
| **Address**Post Code |      |
| Contact Numbers | Home: Business: Mobile:  |
| **E-mail Address** |   |
| **Date of Birth** |   |
| **Occupation** |   |
| **Sport** |   |
| Positione.g. coach, player |   |
| Levele.g. club, national |   |
| Club Name |   |
| Previous First Aid Knowledge |   |

**In administering this course, we shall process your personal data in accordance with our Privacy Notice, a copy of which can be found on our website** [**www.hampdensportsclinic.com/contact**](http://www.hampdensportsclinic.com/contact) **or you can request a paper copy by emailing** **nsfa@hampdensportsclinic.com**

**We would like to send you marketing emails from time to time with information about our special offers and promotions, please tick here if you do not want to receive such emails. **

**£100.00 course fee can be paid by either of the following payment types:**

* **Bank Transfer - Sort Code: 80-83-33; Account No: 00801736; Ref: NSFA followed by your name **
* **Credit/Debit Card - please call Kirsty McDonald on 0141-616 6164 to make payment **

**Please tick your desired payment type.**

**Please return completed form to:**

**Kirsty McDonald, NSFA Administrator, Hampden Sports Clinic, Hampden Park, Glasgow, G42 9ED**

**or by email to:** **nsfa@hampdensportsclinic.com**

###### Signature Date