

DELEGATES COURSE BOOKING FORM (page 1 of 2)

COURSE DESCRIPTION:

COURSE CODE:

START DATE:

DURATION: 1 Day

DELEGATES PERSONAL DETAILS (required for Health & Safety, contact regarding courses)

FIRST NAME: FAMILY NAME:

TITLE: (Mr/Mrs/Dr etc.) DATE OF BIRTH:

ADDRESS:
.....
.....

POST CODE: TEL:

EMAIL: MOB:

IN EMERGENCY
PLEASE CONTACT: NAME: TEL:

FOR MERCHANT NAVY COURSES ONLY

DISCHARGE BOOK NUMBER:

NATIONALITY: BIRTHPLACE:

ACCOMMODATION: PLEASE BOOK EN-SUITE ACCOMMODATION

NUMBER OF NIGHTS BED & BREAKFAST HALF BOARD

(Invoice to be settled at the end of stay unless pre-booked with the company)

The information I have provided is accurate. I agree to abide by the conditions of booking and any rules published by Devon & Somerset Fire and Rescue Service. I acknowledge that this information will be held (in strict confidence) on record.

DELEGATES SIGNATURE: **DATE:**

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DETAILS OF EMPLOYER

<u>COMPANY NAME:</u>
<u>ADDRESS:</u>

<u>CONTACT NAME:</u>
<u>TELEPHONE:</u>
<u>FACSIMILE:</u>
<u>EMAIL:</u>

In consideration of your providing, at our request, training to our employees, we undertake to pay your stated charge for such training and insofar as the Unfair Contract Terms Act 1977 permits, we further undertake to indemnify you and all your employees and agents from and against all actions, proceedings, claims, costs, expenses and liabilities whatsoever arising from any injury, and also damage which any of the said employees may suffer or sustain during or arising from such training.

PAYMENT DETAILS:

**Please tick appropriate box*

INVOICE FOR FINAL BALANCE TO BE SENT TO THE COMPANY (AS ABOVE)

DELEGATE WILL PAY FINAL BALANCE BY CASH/CHEQUE ON DAY OF COURSE COMMENCEMENT

The information I have provided is accurate. I agree to abide by the conditions of booking and any rules published by Devon & Somerset Fire and Rescue Service. I acknowledge that this information will be held (in strict confidence) on record.

SIGNED (on behalf of the Company):

FULL NAME (please print):

POSITION HELD:

DATE: