

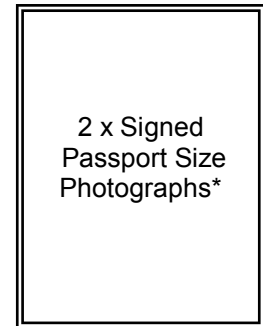
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EMERGENCY SERVICES TRAINING CENTRE LTD

DIVER MEDICAL TECHNICIAN (DMT) FULL COURSE IMCA APPROVED BOOKING FORM



Name:
Address:
Postcode:
DOB: (DD/MM/YYYY)
Tel No:
Email:
Hospital/Company:
Address:
Postcode:
Tel No:

If you have any special dietary requirements please specify:

Course Price: **£885.00 (inc. VAT & lunch)**

Course Date:

Position: Part1 Part 2 Part3
 Part 4 LST ALST Supervisor
 Mini Bell Sport Diver

H.S.E/AODC Cert Number*:

Where did you hear about us?

Items marked with an * are required. Application forms cannot be processed without this information.

Please send payment with the printed application together with 2 x signed passport photos. Confirmation of a place on the course will not be sent until ALL documentation and payment are received.

I understand that the following fee will be levied for cancellations.

6-4 weeks before the course date: 20% of course cost
4-1 weeks before the course date: 50% of course cost
Less than 1 week before course date: Full cost of the course.

Please sign and confirm that you have read and understood the cancellation agreement. Thank you

Signature:

Date:

Please make cheques payable to: **Emergency Services Training Centre Ltd.**

Please return the booking form with payment and photographs to the above address as soon as possible.

