**Please complete and return by email to:** [**courses@orderofmalta.ie**](mailto:courses@orderofmalta.ie)

**\*Important: Ensure that your company details are exactly as they should appear on the invoice**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Person Making this Booking** |  | **Position** |  |
| **Company Name\*** |  | **Telephone** |  |
| **Address\*** |  | **Email** |  |

**Please indicate below the course you would like to book**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Aid Response Course (3 Day)**  *Replacing Occupational First Aid Training Course* |  | **First-Aid for Babies & Children (3 hours)** |  |
| **First Aid Refresher Course (2 Day)** |  | **Manual Handling (Half Day)** |  |
| **Cardiac First Response - CPR & AED (Half Day)** |  | **Fire Warden (Half Day)** |  |
| **Emergency First Aid (1 day)** |  | **Safety Awareness (1 Day)** |  |
|  |  |  |  |

**Attendee Details & Course Date(s)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attendee 1** | **Attendee 2** | **Attendee 3** |
| **Name** |  |  |  |
| **Email Address** |  |  |  |
| **Mobile Phone** |  |  |  |
| **Course Date(s)** |  |  |  |

**For refresher courses, do each of the people above have a current Order of Malta Ireland Certificate?**

**Yes** 🞏 **No** 🞏 **If no, please send us a copy of their current certificate so that we can validate it.**

**Payment Details**

Please note that to secure a place/places full payment must be received in advance of the course commencement date.

**Payment Type (please indicate):**

Credit Card 🞏 Cheque (enclosed) 🞏 Invoice 🞏 PO No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Name on Card** |  |
| **Card Number** |  |
| **Expiry Date** |  |
| **CCV** |  |

|  |  |  |
| --- | --- | --- |
| Signed: |  | Date: |

Our Course Booking Policy including T’s & C’s can be downloaded from our website: <http://www.orderofmaltaireland.org/first-aid-training-courses/downloads/>