Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

***I agree to the management of my personal data in accordance with the General Data Protection Regulations (GDPR) 2018****.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | Safety | BLS |
| ID No. | Name (Block Capitals) | DoB | Address | 1 | 2 | 3 | 4 | 1 |
|  1. |  |   |   |   |   |   |   |   |
|  2. |  |   |   |   |   |   |   |   |
|  3. |  |   |   |   |   |   |   |   |
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|  |  |  |  | Total |  |  |  |  |  |

***Class Secretary:***

Name:

Address:

Phone:

Email:

***Examiner:***

 Block Capitals Signature

 ***Instructor:***

 Block Capitals Signature

**Return completed form to your Certificate Secretary**