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

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | Basic Life Support |
| ID No. | Name (Block Capitals) | DOB | Address | 1 | 2 | 3 |
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|  3. |  |  |  |   |   |   |
|  4. |  |  |  |   |   |   |
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|  |  |  |  | Total |  |  |  |

***Examiner:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

***Class Secretary:***

Name:

Address:

Phone:

email:

 Block Capitals  Signature

 ***Instructor:***  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 Block Capitals Signature

**Return completed form to your Certificate Secretary.**