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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | | |  | Rescue | | | | BLS | |
| ID | Name (Block Capitals) | | | DoB | Address | | 1 | 2 | 3 | 4 | 2 | 3 |
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***Examiner:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Class Secretary:***

Name:

Address:

Phone:

Email:

Block Capitals Signature

***Instructor:***

Block Capitals Signature

**Return completed form to your Certificate Secretary**