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

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | Safety | | | |
| ID No. | Name (Block Capitals) | DOB | Address | | | 1 | 2 | 3 | 4 |
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***Class Secretary:***

Name:

Address:

Phone:

email:

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

BLOCK CAPITALS SIGNATURE

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

BLOCK CAPITALS SIGNATURE

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