

## Emergency First Aid at Work Registration Document

Thank you for using Do-Cornwall as your Emergency First Aid at Work training provider, please print your details clearly in the boxes below, the names entered will be reproduced on the certificate.

The address given may be your home address or place of work/education and is used only as a postal address for certificates.

**Date of Course** .....

<b>First Name(s)</b>			
<b>Surname (Family Name)</b>			
<b>Date of Birth</b>			
<b>Address</b>			
<b>Street Address</b>			
<b>Town</b>			
<b>County</b>			
<b>Postal Code</b>			
<b>Email</b>			

Do you have a medical condition or injury that may require attention during the course, or cause difficulty during manual activity or kneeling? (If yes please specify on the back of this sheet)	Yes	No
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Do you feel that you have special educational needs? Please tick.	Yes	No
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If yes, please specify	
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Your details will be stored securely in accordance with current Data Protection Legislation and utilised solely for contact regards your First Aid Qualification and Certification.

We may like to use any photographs taken for use on our website, social media pages or for other marketing media, please tick the box if you would prefer us not to use them at all.

A tick means that we cannot use your picture.

<b>Signed</b>	<b>Dated</b>
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**Do-Cornwall**  
 2 Southern Road, Callington, Cornwall, PL17 7ES  
 Tel: 07818 037791  
 Email: firstaid@do-cornwall.com



Do Cornwall wishes to meet the aims and commitments set out in its equality policy. This includes not discriminating as provided under the Equality Act 2010, as well as building an accurate picture of the make-up of the candidate body in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is both anonymous and voluntary.

The information you provide is confidential, and will be stored securely and limited to monitoring the success of Do-Cornwall in offering training to all members of the communities in which we operate.

**Gender** Male  Female  Prefer not to say

**Are you married or in a civil partnership?** Yes  No  Prefer not to say

**Age** 16-24  25-29  30-34  35-39  40-44  45-49  50-54  55-59   
 60-64  65+  Prefer not to say

**White**

English  Welsh  Scottish  Northern Irish  Irish   
British  Gypsy or Irish Traveller  Prefer not to say

Any other white background, please write in:

**Mixed/multiple ethnic groups**

White and Black Caribbean  White and Black African  White and Asian   
Prefer not to say  Any other mixed background, please write in:

**Asian/Asian British**

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say   
Any other Asian background, please write in:

**Black/ African/ Caribbean/ Black British**

African  Caribbean  Prefer not to say   
Any other Black/African/Caribbean background, please write in:

**Other ethnic group**

Arab  Prefer not to say  Any other ethnic group, please write in:

I would prefer not to disclose ethnic background at all

## Candidate Course Evaluation Form

Thank you for taking the time to fill in this course evaluation form. This form assists us in our ongoing course development by indicating which areas work well and which can be improved. These are anonymous and we ask that you complete them fully at the end of the course. If you wish to give further feedback we welcome this via email: [firstaid@do-cornwall.com](mailto:firstaid@do-cornwall.com), in writing at the do-cornwall address, via telephone or in person.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The training met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I will be able to apply the knowledge learned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The training objectives for each topic were identified and followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The content was organized and easy to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The materials distributed were pertinent and useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The trainer was knowledgeable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The quality of instruction was good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The trainer met the training objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Class participation and interaction were encouraged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Adequate time was provided for questions and discussion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Excellent	Good	Average	Poor	Very Poor
11. How do you rate the training overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. What aspects of the training could be improved?					
13. Other comments?					