

First Aid at Work Registration Document

Thank you for using Do-Cornwall as your 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 (First day)

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

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.

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