

(Block Capitals Please.) **Course Application Form**

Forename: .....	Surname: .....
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Date Of Birth: ...../...../.....	Course Level: .....	Date Of Course: From ...../...../..... To ...../...../.....
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Address:  
.....  
.....

Post Code: .....	Tel. No: .....
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Ethnicity: .....	Profession: .....
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Emergency Contact Name: .....	Relationship: .....	Tel. No: .....
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Doctors Name:  
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Address:  
.....  
.....

Tel. No: .....

Medical History: (Allergies, Asthma, Diabetes etc.)  
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.....  
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Medication:  
.....

I hereby consent to any emergency medical / dental treatment should the emergency contact person not be available. The M.I.A.S. organisation or its course providers are not responsible for any actions of individuals on the course or for any damage or loss of property.

Signed: ..... Date: ...../...../.....

\* **SIGN ONLY IF APPLICABLE:** I can not accept blood transfusions or any medication derived from blood products.

Signed: ..... Date: ...../...../.....