



Applying to become a Recognition and Emergency Treatment of Heatstroke Trainer

Mr/Mrs/
Miss/Ms _____ Surname _____

Initials _____ First Name _____

Address _____

Mobile _____ Date of Birth _____

E-Mail _____

By Ticking this box, I declare that I hold a Recognition and Emergency Treatment of Heatstroke CPD certificate.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Initials: _____ Date Finalised: _____

**Please fill form in and email directly to Courses@sta.co.uk*