UHI Moray First Aid Course Booking Form		
Payment, Purchase Order or Letter from Employer/Sponsor are required with your Booking Form. Form received without method of payment will not be processed.		
Course Title(s): Start Date(s):		
Course Location(s): Day/Evening:		
Where did you find out about this course(s)?		Student Number (current and past students)
itle: Forename: Surname:		
	Date of Birth: (DDMMYY)	SQA/Scottish Candidate Number (if applicable)
	Country of Birth:	Marketing
Postcode:	Nationality:	From time to time, UHI Moray may also use your information to contact you for marketing purposes. We may contact you by
Telephone (Day):	Mobile:	email, phone or mail.
		Please tick (✓) box if you <b>would</b> like to be contacted in respect of marketing of future College provision.
To help us monitor the effectiveness of our equal opportunities policy, please indicate to which group you belong: [Please tick ( $\checkmark$ ) one box]		
2. Wales & NI) (22) Black African/British Black African (29) Other Black background (34) Chinese (31) Asian or Asian British - Indian (32) Asian or Asian British - Pakistani (33) Asian or Asian British - Bangladeshi /British Black Caribbean (41) Mixed - White & Black Caribbean		<ul> <li>(42) Mixed - White &amp; Black African</li> <li>(43) Mixed - White &amp; Asian</li> <li>(39) Other Asian background</li> <li>(49) Other mixed background</li> <li>(80) Other ethnic background</li> <li>(98) Information refused</li> <li>(99) Information Not Known</li> </ul>
ical Condition [Please tick (✓) relevant box(es)]  (P) Personal Care Support (F) Mental Health (E) Unseen disability(Diabetes/Asthma/Canceretc.) (J) Multiple Disabilities (I) Disability not listed		<ul> <li>(G) Learning Difficulty</li> <li>(B) Autistic Spectrum Disorder</li> <li>(R) Information Refused</li> <li>I carry time-critical medicines (eg. Epi-pen)</li> </ul>
Please tick (🗸) box if you <b>would</b> like to arrange additional support (including learning support)		
Course fees can be paid in advance through our secure online portal www.moray.uhi.ac.uk/payments		
Course fees <b>not</b> paid in advance will be invoiced. Please tick ( $\checkmark$ ) the relevant box below for who is to be invoiced. Please tick ( $\checkmark$ ) box if you are self-funding your course fees - you will be invoiced by the College		
Please tick ( $\checkmark$ ) box if your employer/sponsor will be paying your course fees <b>and</b> complete the section below		
Employer/Sponsor to be Invoiced Cancellation Policy		
		E0% of the course fee will be observed
S:		if cancellation is within a week of the start date and full payment in the case of cancellation within 2 working days of the start date.
Purchase Order Number REFUNDS		
		Course fees are not normally refundable, except in special circumstances and at the College's discretion.
	Purchase Order or Letter fro Form received withou t this course(s)? Postcode: Telephone (Day): ectiveness of our equal op s & NI) a (22) Blac (29) Oth (34) Chii (31) Asia (32) Asia (33) Asia Black Caribbean (41) Mix al Condition [Please tick (41) (1) Piers (F) Men (E) Unse ent (J) Mult (I) Disa /ou would like to arrange a ME advance through our secu- vance will be invoiced. Plean /our employer/sponsor will voiced	Purchase Order or Letter from Employer/Sponsor are require Form received without method of payment will not be p Start Date(s): Day/Evening: t this course(s)? Surname: Date of Birth: (DDMMYY) Country of Birth: Postcode: Nationality: Telephone (Day): Postcode: Nationality: Telephone (Day): Postcode: Nationality: Telephone (Day): Postcode: Nationality: Telephone (Day): Postcode: Nationality: Telephone (Day): Postcode: Nationality: Telephone (Day): Postcode: Nationality: Telephone (Day): Postcode: Nationality: Telephone (Day): Postcode: Nationality: Telephone (Day): Postcode: Nationality: Postcode: Nationality: Postcode: Nationality: Postcode: Nationality: Postcode: Nationality: Postcode: (2) Black African/British Black African (3) Asian or Asian British - Indian (3) Asian or Asian British - Indian (3) Asian or Asian British - Bangladeshi Black Caribbean (41) Mixed - White & Black Caribbean al Condition [Please tick (/) relevant box(es)] (P) Personal Care Support (P) Multiple Disability (Diabetes/Asthma/Canceretc) (P) Multiple Disability rou would like to arrange additional support (including le METHOD(S) OF PAYMENT advance through our secure online portal www.moray.u vance will be invoiced. Please tick (/) the relevant box be rou are self-funding your course fees - you will be invoiced rou remployer/sponsor will be paying your course fees and voiced

Please return completed form (and any additional documents) to **admissions.moray@uhi.ac.uk** or post to **Administration Service Centre, UHI Moray, Moray Street, Elgin, Moray. IV30 1JJ.**