

Course Application Consent Form (Adult)



Adult Details:

SURNAME	FIRST NAME	RANK/RATE	GENDER	SERVICE NO
MOBILE PHONE NUMBER:			DOB	
UNIT				

Step 1. Expression of Interest

The above named adult has expressed an interest in attending the following course as a _____ (insert role):

Course Details:

COURSE NAME	CATEGORY	CODE	ATTENDEES
START DATE			END DATE
LOCATION			
DEPOSIT (if applicable)			
FULL COST TO ADULT			
Please make cheques payable to:			
Note: If paying deposit only, remaining balance is to be paid by the adult on arrival at the course.			

Step 2. Adult Declaration

I declare that I am physically and medically fit to attend the above course.
 (if there are any specific disabilities the Course Director should be aware of, state briefly below or under separate cover)
 I am aware of the prerequisites for attendance. Full payment/deposit is attached.

Name:			
Signature:		Date:	

Step 3. Authorisation/Endorsement

Application for the above course is approved and has been submitted on Westminster. Forwarded to for acceptance. Payment attached.

Booking reference:		Payment details (Chq No/Amount)	
Name:		Appointment/role:	
Signature:		Date:	

Step 4. Confirmation

The above named adult has been Accepted/Placed on the Reserve List (delete as appropriate) for the course indicated. Further details attached (if appropriate).

Name:		Appointment/role:	
Signature:		Date:	