| Advanced Life SupportAPPLICATION FORM | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Personal Information | | | | | | |
| **Title:**  Choose an item. | **Full name:** | | | | | |
| **Mobile contact number:** | | | **Email address:** | | | |
| **Current address** |  | | | | | |
|  | | | | | | |
| **County:** | | | **Post code:** | | | |
| Professional Information | | | | | | |
| **Professional Body:** | | | **Registration number:** | | | |
| **Current Employer:** | | | **Valid BLS certificate\*:** | | | |
| **Current position:** | | | **Department:** | | | |
| Additional information | | | | | | |
| **Physical Disability:** | | **Learning Disability:** | | | **Sensory Impairment:** | |
| If you answered yes to any of the above please email [Resus-Courses@edgehill.ac.uk](mailto:Resus-Courses@edgehill.ac.uk) to discuss any support required if your application is successful | | | | | | |
| **Any specific dietary requirements** | | | **Yes:** | | | **No:** |
| **If yes, what are the requirements:** | | | | | | |
| *I agree to accept the terms and conditions of Edge Hill University, an accredited UKRC ALS course provider as well as the terms and conditions of the UKRC [Please see page two for information, responsibilities and guidance for candidates]* | | | | | | |
| I agree: | | | I do not agree: | | | |
| **Signature of applicant:** | | | | **Date:** Click or tap to enter a date. | | |

**Edge Hill University is a registered centre with the UKRC to provide ALS courses. We welcome any individual that meets the minimum requirements to do the ALS course, this includes but is not limited to professionals who use resuscitation skills as part of there clinical work and or teaching. It is also required that all participants have a valid Basic Life Support qualification prior to applying for this course.**

*Please refer to the guidance below for information regarding applications and the course.*

Any information collected will be used purely to allow for registration of the students on the course as well as contacting students with regards to the course. The information may be used in conjunction with the UKRC to allow for confirmation of certificates and registration purposes. This information will be regulated and used as per Edge Hill Universities GDPR policies.

1. The details provided on this application form above will be used as the delivery address for any correspondence as well as for all future contacts.
2. The course will delivered in English
3. The application will not be considered unless ALL sections are completed.
4. On approval of an application form the potential candidate will be contacted via email with a link to the payment site. Please only respond to emails from the Administrative lead ([Rory.mckelvin@edgehill.ac.uk](mailto:Rory.mckelvin@edgehill.ac.uk)) or ([Resus-courses@edgehill.ac.uk](mailto:Resus-courses@edgehill.ac.uk)). If you are not sure please feel free to contact us first.
5. An applicant’s space on the course will not be secured until payment has been cleared. Confirmation will be sent to the applicant.
6. It is expected that the applicant will have a full understanding of the terms, conditions and polices involved with this course and Edge Hill University and if there are any questions that the applicant would raise them with the Administrative lead Prior to the course.
7. Please note that if the applicant wishes to cancel the course within **4 weeks** of the course beginning they will not be entitled to a refund and be liable for full course fees. Any exceptional circumstances can be addressed to the administrative lead for consideration: [Rory.mckelvin@edgehill.ac.uk](mailto:Rory.mckelvin@edgehill.ac.uk)
8. Please submit all applications to [Resus-courses@edgehill.ac.uk](mailto:Resus-courses@edgehill.ac.uk) or to Edge Hill University

Faculty of Health & Social Care, St James' building (first floor), 79 Oxford Street, Manchester,

M1 6EG. <https://www.edgehill.ac.uk/location/st-james-manchester/>

