

## Workplace Fire Safety Training

Course Booking Form						
Courses Required: (Tick boxes)	Fire Awareness		Fire Marshal		Fire Extinguishers	
Preferred Course Date:			Alternative Course Date:			
Delegate Name:		Delegate Name:				
Customer Detail	S					
Contact Name:						
Job Title:						
Company Name:						
Industry:						
Company Address:						
Postcode:						
Telephone:						
Email:						
Please sign to confirm you have read and agree to our terms & conditions						
Signature:						
Date:						
Please return this form to the Workplace Fire Safety Training Manager at the postal or email address below or fax back to 01534 445999.  Jersey Fire & Rescue will hold your details on file and may contact you in the future. Your details will not be passed on to any third parties. Please tick the box if you do not wish your						



details to be held.