



## Trainer Registration Form

Name:

Contact Tel. Number:

Contact Email:

Contact Address:

Emergency Contact Name:

Emergency Contact Tel. Number:

Current Role/Qualification:

Do you have a DBS certificate?      Y/N      Certificate Number:

Are you willing to have a DBS check?      Y/N

Do you have your own transport      Y/N

Where are you able to offer support?

Leicester City      Y/N      Leicestershire      Y/N

Rutland      Y/N      Outside County Boundary      Y/N

Please return completed forms to [Heartwize@heartwize.org](mailto:Heartwize@heartwize.org) or post to Heartwize, Unit 8  
Midland Court, Central Park , Lutterworth, LE17 4PN

Tel. 01455 687993