We are delighted to be able to offer this short introduction provided by **The Red Cross.**

The practical first aid training workshop includes basic life-saving skills and guidance on how to treat wounds. During the workshop, participants will have the opportunity to practice hands-on techniques for administering C.P.R. , treating wounds and stabilising injuries. There will be step-by-step guidance on how to assess a situation, prioritise care and effectively communicate with emergency services. By the end of the workshop, attendees will feel more confident in their ability to respond to medical emergencies and provide crucial assistance until professional help arrives.

[This Photo](https://www.flickr.com/photos/lwr/118053213) by Unknown Author is licensed under [CC BY-SA-NC](https://creativecommons.org/licenses/by-nc-sa/3.0/)

[This Photo](https://freepngimg.com/png/29847-first-aid-kit-clipart) by Unknown Author is licensed under [CC BY-NC](https://creativecommons.org/licenses/by-nc/3.0/)

**When -**  **Wednesday 24th July 2024 from 10 – 12 noon**

**Where - Shirley Methodist Church, 2 Eldon Avenue, Shirley, CR0 8SD.**

(limited numbers so if you are interested submit your application immediately)

**Cost £5** (places must be booked & paid in advance; we are not able to offer refunds)

**How to apply**

1. Complete the form below & post to P. Smith, 26 Morley Road, Croydon CR2 0EN with **an sae and your cheque payable to Croydon u3a.**
2. **OR** Pay by bank transfer : sort code 23-05-80 a/c 13630003 **with your surname, initial / 1st Aid and post the application form with an sae.**

Please do not assume you have a place until this is confirmed. If the course is oversubscribed your bank transfer / cheque will be returned and we will request the Red Cross offer another session in the autumn.

…………………………………………………………………………………………………………………………………….…

**First Aid Training Application Form**

Name …………………………………………………………………………. M’ship number ……………………

Email address ………………………………………………… Phone number…………………………

Postal address …………………………………………………………………………………………………

………………………………………………………………………………………………………………………

Tick which applies -

\*I have completed a bank transfer for £5 **OR**

\*I enclose a cheque for £5

\*Please give your bank details in case a refund is necessary – **this the same information we would have if you paid by cheque –** a/c name ……………………………………………… sort code ………………

a/c number ……………………………………………………….

Signed ……………………………………………………..

Send this form to P. Smith, 26 Morley Road, CR2 0EN with an sae and cheque if that method of payment is preferred.