



Trainee Information Sheet

Full Name	
Date of Birth & Age	
Contact Number(s)	
E-mail	
Insurer	
Medical Issues (please detail)	
<u>Emergency Contact 1</u> Name	
	Telephone
	Relationship
<u>Emergency Contact 2</u> Name	
	Telephone
	Relationship

The information above was correct at time of completion.
 I will inform Star Power Training Ltd of any changes to the above information.

Name _____ Date _____