



MiDAS & PATS



Emergency Aid Certificate Request Form

These sections **must** be completed by the indicated person and the form returned to CTA for a certificate to be issued. Please allow up to 28 days for delivery of the certificate. Incorrectly completed forms will be returned.

PLEASE COMPLETE IN BLOCK CAPITAL LETTERS

Certificate to be issued to:

Of (organisation):

Date issued:

Address:

.....

.....

..... **Post Code**

MiDAS/PATS membership number:

MiDAS Driver certificate number (if applicable):

New/Refresher (delete as appropriate) **Theory Assessment Score:**

If refresher previous certificate number:

Specialist Trainer

I can confirm that the person named above has received training and has been assessed in the MiDAS/PATS Emergency Aid module. The training and assessments were in accordance with the 'Emergency Aid Trainers Manual' that has been issued to me.

Training Organisation:

Name (please print):

Trainer's CTA ID number:

Signed:

Passenger Assistant/Driver

I understand that the certificate issued remains the property of the Community Transport Association UK and may be revoked under certain circumstances

Signed: