



## Trainee Information Sheet

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

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 \_\_\_\_\_