

COURSE APPLICATION FORM

Please complete **ALL** sections below. Once complete, please sign, date, and return together with copies of required course certificates and a copy of your Identity Document



APPLICANT INFORMATION CORPORATE (COMPANY)			
Company Name			
P.O Box		Work Physical Address	
Email Address			
Work Phone		Cell Phone	
Training Co-Ordinator / Contact person responsible for payment			
Work Phone		Cell Phone	
Email Address			

PLEASE NOTE: INDIVIDUAL FORM PER COURSE.

Which course would you like to register for? (Please tick (X) box)	PREFERRED DATE:	PREFERRED TOWN Please mark with a X
<input type="checkbox"/> Basic Fire Fighting [Industrial]		
<input type="checkbox"/> Basic First Aid		
<input type="checkbox"/> First Aid Class A		
<input type="checkbox"/> First Aid A Refresher [must provide previous First Aid Class A certificate]		
<input type="checkbox"/> Toddler First Aid (Basic)		
<input type="checkbox"/> Module 1 - ETHICS5 CEU's		

Download course outline and requirements from our website www.emtss.com

INDIVIDUALS WHO WILL BE ATTENDING					
Qty	Surname	Initials	Identification Number	Gender	Employee Code
1					
2					
3					
4					
5					
6					

Copy of Identification Document must be submitted with the application form

<input type="checkbox"/> Conduct training onsite / inhouse Physical address:	<input type="checkbox"/> Conduct training at EMTSS c/o Copper and Nickel Street Prosperita, Windhoek, Namibia
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T&C for onsite training; minimum of 6 (six) participants per course / per day.

LUNCH ORDER:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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CHALLENGES WE NEED TO KNOW ABOUT?				
This information will be kept confidential, but it is important to ensure a positive learning experience. Please mark with an 'X'				
<input type="checkbox"/> Difficulty with English	<input type="checkbox"/> Knee or Back problems	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Pregnant

HOW DID YOU HEAR ABOUT US?				
Please mark with an 'X'				
<input type="checkbox"/> Colleague	<input type="checkbox"/> Referred	<input type="checkbox"/> Via WhatsApp	<input type="checkbox"/> Email	<input type="checkbox"/> Website
<input type="checkbox"/> Attended Previously	<input type="checkbox"/> Word of Mouth	Would you like to receive future correspondence from us?		<input type="checkbox"/> Yes <input type="checkbox"/> No

RESCHEDULING AND CANCELLATION POLICY	
<i>With reference to the above-mentioned, please take note of the following terms and conditions regarding the cancellation and rescheduling of training:</i>	
<ol style="list-style-type: none"> With each booking, a Delegate Form is completed to identify which of your employees will be attending a particular training course. Should you require substitutions of attendees to be made, you may contact us to do so at any time prior to the date of the training. Cancellation and/or reschedule requests must be received by EMTSS in writing no later than 7 (seven) workdays prior to the course date. It is your responsibility to ensure that EMTSS receives your request. If the cancellation request is received 7 (seven) workdays prior to the training date, you will receive a full refund of the course fee. Cancellations made less than 7 (seven) workdays prior to the course date or failure to appear for the training session, will result in forfeiture of the entire course fee. EMTSS reserves the right to cancel or reschedule training sessions at any time due to unforeseen circumstances beyond our control or due to inadequate booking requests. Should training sessions be cancelled, you will be entitled to a full refund of your course fee. If EMTSS cancels a training session, you will be notified per email 3 (three) workdays prior to the course date, so please be sure to provide a valid and frequently monitored email address. 	

TERMS & CONDITIONS	
<ol style="list-style-type: none"> I ACKNOWLEDGE THAT I NEED TO STUDY THE COURSE MATERIALS SUPPLIED BEFORE ATTENDING THE BLS FOR HEALTHCARE PROVIDERS OR ANY OTHER PROGRAM AS INDICATED BY MYSELF ON THIS APPLICATION FORM IN ORDER TO PASS THE REQUIRED ENTRANCE AND / OR FINAL WRITTEN EXAMINATION/S (MINIMUM PASS MARK IS 84% • AHA COURSE, 70% • FA, BFF, HSR COURSES). I ACKNOWLEDGE AND UNDERSTAND THAT I WILL NOT BE ELIGIBLE TO ATTEND A COURSE WHEN ANY / ALL PRECOURSE REQUIREMENTS / STIPULATIONS HAVE NOT BEEN MET / COMPLETED BY MYSELF. I ACKNOWLEDGE THAT FULL COURSE ATTENDANCE IS REQUIRED AS PART OF THE COURSE COMPLETION CRITERIA FOR ANY / ALL COURSES UNDERTAKEN. COURSE FEES FOR ALL COURSES MUST BE PAID WITHIN 7 [SEVEN] DAYS POST THE COURSE COMPLETION. 3.5% INTEREST WILL BE CHARGED ON ALL OVERDUE INVOICES. COURSE MATERIALS AND MANUALS WILL ONLY BE FORWARDED UPON RECEIPT OF FULL PAYMENT FOR THE BLS FOR HEALTH CARE PROVIDERS COURSE. PAYMENT WILL ONLY BE ACCEPTED - IN CASH, CARD OR ELECTRONIC FUNDS TRANSFER – PREFERABLE EFT. 	<ol style="list-style-type: none"> COURIER COSTS WILL BE INVOICED IN ADDITION TO COURSE FEES FOR THE DELIVERY OF ALL COURSE MATERIALS / CERTIFICATES. CANCELLATIONS AND POSTPONEMENTS OF APPLICATIONS - REFUNDS WILL BE AFFECTED AS PER OUR T&C DOCUMENT I ACKNOWLEDGE THAT COURSE DATES MAY BE SUBJECT TO CHANGE AT SHORT NOTICE (I.E. WITHIN 1 WEEK OF THE STIPULATED COURSE DATE) DEPENDANT UPON THE NUMBER OF PARTICIPANTS BOOKED PER RESPECTIVE COURSE. THIS IS IN LINE WITH MINIMUM COURSE PARTICIPATION REQUIREMENTS, STIPULATED BY THE RESPECTIVE REGULATING BODIES, TO PRESENT EACH COURSE. ALL CANDIDATES NEED TO BE PHYSICALLY CAPABLE AND ABLE TO WORK ON THE FLOOR. CANDIDATES WHO ARE NOT ABLE TO FULFILL THIS REQUIREMENT WILL NOT BE ELIGIBLE FOR EXAMINATION AND COMPLETION OF THE COURSE. [FA, AHA COURSES] NOTE TO ALL HPCNA REGISTERED PRACTITIONERS ATTENDING ANY CPD COURSE – IT MUST BE MADE EXPRESSLY CLEAR THAT THESE COURSES ARE CPD PROGRAMS AND THEREFORE WILL NOT INCREASE YOUR HPCNA REGISTERED SCOPE OF PRACTICE IN ANY WAY. I WILL NOT HOLD EMTSS CC (OR ANY OF ITS INSTRUCTORS AND EMPLOYEES) LIABLE FOR ANY LOSS OR PERSONAL INJURY INCURRED WHILST ATTENDING COURSES FACILITATED BY EMTSS CC.

I HEREBY CONFIRM ACCEPTANCE OF, AND I AM IN AGREEMENT WITH, ALL THE STIPULATED APPLICATION, PAYMENT, PARTICIPATION, CANCELLATION AND POSTPONEMENT TERMS AND CONDITIONS.

SIGNED AT _____ ON THIS THE _____ DAY OF _____ 20_____.

Name:	Signature:
Position:	Official Stamp:

Email application form to training@emtss.com and office1@emtss.com



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FIRST AID
FIRE FIGHTING
EMERGENCY CARE
WORKING @ HEIGHTS