**ST JOHN AMBULANCE - SRI LANKA** Form: FAT /STU /24 / 01E

REGISTRATION OF STUDENT FIRST AID TRAINING

1. District**:** ………………………………..……………………….….……… Education Zone : ………………………………..………………….………

2. Name & address of the School:………………………………..……………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………TP: ………………………………..………………….………

3. Details of Participants: Number of **Students**

X

=

Number of **Teachers**

**Total**

#

|  |  |
| --- | --- |
| 4. Payment details: |  |
| **A. Course fee** : | **300.00** | X |  | **=** |  | **Receipt No**: |
| **B. Note book** | **300.00** | X |  | **=** |  | **TOTAL**: |

**C. Transport charges** ( only if applicable) **Total**:

Mode of payment: Paid to the **District Officer** : by Cash / Cheque / Account Deposit – on Date: …………………………….……………

**5. Teacher** : Mr/ Mrs/ Ms……………………………….…………………………………………………… …………………………………..…………………….……………………

TP WhatsApp :………………………….………..………..………. E-mail:……………………………………..……………………………….

6. **Dates :** Course:………………………………………………………….………………………. Examination:……………………………………………………………………………………………….

7. Trainers: **Day 01**

1. Name: …………………………..……………………………………………....………………………TO No: …………………………..…………………………………………....……………………… Status: Main Helper

2. Name: …………………………..……………………………………………....………………………TO No: …………………………..…………………………………………....……………………… Status: Main Helper

3. Name: …………………………..……………………………………………....………………………TO No: …………………………..…………………………………………....……………………… Status: Main Helper

Trainers: **Day 02**

1. Name: …………………………..……………………………………………....………………………TO No: …………………………..…………………………………………....……………………… Status: Main Helper

2. Name: …………………………..……………………………………………....………………………TO No: …………………………..…………………………………………....……………………… Status: Main Helper

3. Name: …………………………..……………………………………………....………………………TO No: …………………………..…………………………………………....……………………… Status: Main Helper

**Recommendation by District Commissioner** \* e format accepted. Signature is not necessary. email from registered email.

**Recommendation includes obtaining official approval from Principal**. Email to: stjohnservice@sltnet.lk

**Paid to NHQ**: by Cheque / Account Deposit – on ………..………....………………. Total: Rs……..…………………………..……………..…………

**\*\*\* please make sure to inform date of deposit to NHQ by WhatsApp / email / call**

Acc: **THE ST. JOHN AMBULANCE ASSOCIATION AND BRIGADE IN SRI LANKA** Bank : **SAMPATH BANK** , City Branch, Colombo. Acc: No: **0001 1009 6275**

### Special Remarks

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**NHQ use** – details checked & correct. Payments also verified.

Date: ……………………………..……………..…………Sign: NHQ Officer: ……………………………..……………..…………

## Certificates Printed: Date………………………………. Sign: Certificates Issued: Date Sign:

### Complete this form ( PDF format ) by typesetting ( computer ).

The names of participants should be emailed as Microsoft Excel soft copy. Spellings of the names should be checked by In charge Teacher before sending. No corrections will be made if the name is same as in Softcopy.

### The maximum gap allowed is one month from the date of completion to accepting registration forms by NHQ.