



ST JOHN AMBULANCE - SRI LANKA
REGISTRATION OF STUDENT FIRST AID TRAINING

Form: FAT /STU /24 / 01E

1. District: Education Zone :

2. Name & address of the School:

TP:

3. Details of Participants: Number of Students 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: stjohservice@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

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.