**St John Ambulance Association & Brigade in Sri Lanka** Form No: TD/AD/DC/24 /1E

Application for Registration of a Training Program – Institutions – FIRST AID

# Course Module : Standard – International

One Day

# Other

…………………………………………………………………………………………..………

**Course Code: AW SD**

# Course Medium ( X ) Sinhala

Tamil

# English

1. Participating Group ( Number) Employees

# Others

Total

4. District……………………………………..…………………………………………………….………………………….City……………………………….…………………………………………………………………………………………………………………………………………..……..………………………

5. Name & address of Institution :……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..…….…………..………………………

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...……………..…………………………

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

6. Officer in charge : Mr./Mrs./Ms. ……………………………………………………………………………………………………………………………………….………………………………………..…………………………..…………………………

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

email ……………….………..………………………………………………………………………………………………………………..………………………

7. Dates of Training : 1. …………………………………………………………………………………………..……… Time : from …………………………………….………… to …………………………………….…………

2. …………………………………………………………………………………………..……… Time : from …………………………………….………… to …………………………………….…………

8. Date of Examination: …………………………………….………………………………………………………… Time : from …………………………………….………… to …………………………………….…………

# Number of candidates completed the course:

1. Total Course fee: Rs. Receipt No:

# Trainers Details:

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

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

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

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

# Examiners Details

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

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

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

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

1. Approval & certification by DC – **e format accepted** – forward through registered email / WhatsApp NHQ amount paid on: Date: ……………………………………………………. Amount: …………………………………………………………………….…………….

…………………………....…………… …………………………....…………

DC Signature Date