



## COURSE APPLICATION FORM

### INDIVIDUAL

Please complete **ALL** sections below. Once completed and signed return the registration form together with copies of current certificate/s (if required) and a copy of Identity Document/s to [training1@pet-nam.com](mailto:training1@pet-nam.com) or WhatsApp +264-81-636 9571

Surname		Initial/s	
Gender		Profession	
ID Number		AHPC Reg No. <i>(Optional)</i>	
P.O Box		Email Address	
Work Phone		Cell Phone	

#### Which course would you like to register for?

<input type="checkbox"/> Basic Fire Fighting [Industrial]	<input type="checkbox"/> Basic First Aid	<input type="checkbox"/> First Aid Class A
<input type="checkbox"/> Health and Safety Representative	<input type="checkbox"/> First Aid in Children	<input type="checkbox"/> First Aid Class A <b>RENEWAL</b> <i>[must provide current First Aid Class A certificate]</i>
<input type="checkbox"/> Basic Health and Safety Representative	<input type="checkbox"/> First Aid in Sport Injury Prevention	<input type="checkbox"/> Advance First Aid (Lodge)
<input type="checkbox"/> Defensive Driving 4x4	<input type="checkbox"/> Working at Heights - Level I Fall Arrest Technician	<input type="checkbox"/> Working at Heights - Level II Fall Arrest Technician
<input type="checkbox"/> BLS for Healthcare Providers (10 General, 1 Ethics CEU / CPD)**	<input type="checkbox"/> BLS for Healthcare Providers <b>RENEWAL</b> <i>[must provide current card/certificate]</i>	<input type="checkbox"/> Mental Well-Being

**PREFERRED DATE:**

*One form per course:*

**PREFERRED TOWN and ADDRESS** *(Please tick (X) box)*

<input type="checkbox"/> GOBABIS	<input type="checkbox"/> ONDANGWA	<input type="checkbox"/> SWAKOPMUND
<input type="checkbox"/> KEETMANSHOOP	<input type="checkbox"/> OTJIWARONGO	<input type="checkbox"/> TSUMEB
<input type="checkbox"/> LUDERITZ	<input type="checkbox"/> ROSH PINAH	<input type="checkbox"/> WINDHOEK
<input type="checkbox"/> MARIENTAL	<input type="checkbox"/> RUNDU	<input type="checkbox"/> Other:

**Would you like Precision Emergency Training Cc to arrange lunch:**

<b>Windhoek - NAD 120.00 per person / per day</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Regions - NAD 150.00 per person / per day</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	Any Food Allergies?
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### RESCHEDULING AND CANCELLATION POLICY

With reference to the above-mentioned, please take note of the following terms and conditions regarding the cancellation and rescheduling of training:

1. 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.
2. Cancellation and/or reschedule requests must be received by **Precision Emergency Training Cc** in writing no later than 14 days prior to the course date. It is your responsibility to ensure that **Precision Emergency Training Cc** receives your request.
3. If the cancellation request is received 14 days prior to the training date, you will receive a full refund of the course fee. (Less N\$ 350.00 administration fee, less courier fees)
4. Cancellations made less than 14 days prior to the course date or failure to appear for the training session, will result in forfeiture of the entire course fee.
5. **Precision Emergency Training Cc** 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 / postponed by **Precision Emergency Training Cc**, you will be entitled to a full refund of your course fee. You will be notified per email 72-hours prior to the course date, so please be sure to provide a valid and frequently monitored email address.

### TERMS & CONDITIONS

1. 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 WRITTEN EXAMINATION/S (MINIMUM PASS MARK IS: ▪ BLS for Healthcare Providers 84% ▪ First Aid, Fire Extinguisher, Health and Safety 70%)
2. I ACKNOWLEDGE THAT 100% COURSE ATTENDANCE IS REQUIRED AS PART OF THE COURSE COMPLETION CRITERIA FOR ANY / ALL COURSES UNDERTAKEN.
3. COURSE FEES FOR ALL COURSES MUST BE PAID IN FULL BEFORE THE CERTIFICATE WILL BE RELEASED. 3.5% INTEREST WILL BE CHARGED ON ALL OVERDUE INVOICES.
4. **COURSE MATERIALS AND MANUALS WILL ONLY BE FORWARDED UPON RECEIPT OF FULL PAYMENT FOR THE BLS FOR HEALTH CARE PROVIDERS COURSE.**
5. PAYMENT WILL ONLY BE ACCEPTED - IN CASH OR ELECTRONIC FUNDS TRANSFER – **PREFERABLE EFT.**
6. COURIER COSTS WILL BE INVOICED IN ADDITION TO COURSE FEES FOR THE DELIVERY OF ALL COURSE MATERIALS / CERTIFICATES.
7. CANCELLATIONS AND POSTPONEMENTS OF APPLICATIONS - REFUNDS WILL BE AFFECTED AS PER OUR T&C.
8. I ACKNOWLEDGE THAT COURSE DATES MAY BE SUBJECT TO CHANGE AT SHORT NOTICE (I.E. WITHIN 1 (ONE) 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.
9. 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]
10. NOTE TO ALL AHPC REGISTERED PRACTITIONERS ATTENDING ANY CEU COURSE – IT MUST BE MADE EXPRESSLY CLEAR THAT THESE COURSES ARE CEU PROGRAMS AND THEREFORE WILL NOT INCREASE YOUR AHPC REGISTERED SCOPE OF PRACTICE IN ANY WAY.
11. I WILL NOT HOLD **PRECISION EMERGENCY TRAINING CC** (OR ANY OF ITS INSTRUCTORS AND EMPLOYEES) LIABLE FOR ANY LOSS OR PERSONAL INJURY INCURRED WHILST ATTENDING COURSES FACILITATED BY **PRECISION EMERGENCY TRAINING CC**.

### INDEMNITY

Hereby indemnify and hold harmless **Precision Emergency Training Cc** [hereinafter referred to as the “indemnified”].

I acknowledge, to the best of my ability, that I am in good health and have no known medical condition that would restrict my ability to participate in activities. I recognise that participation in physical activity involves the risk of injury / damage and or / loss, to me or my property. I acknowledge that whilst I participate, I do so entirely at my own risk and:

1. I accept all risks and hereby indemnify and release the trainer, their agents, affiliates, employees, members, sponsors, promoters, and any person or body directly or indirectly associated with the trainer, against all liability (including liability for their negligence and the negligence of others) claims, demands, and proceedings arising out of or connected with my participation in this activity.
2. This release and indemnity continue forever and binds my heir, successors, executors, personal representatives, and assigns.
3. I acknowledge that participation in this activity may involve risk of serious injury or even death from various causes including (but not limited to) equipment failure, and accidents with equipment and surroundings.
4. I recognise the difficulties associated with the activity and attest I am physically fit to participate safely in the activity and that a qualified medical practitioner has not advised me otherwise. By continuing to participate in this activity I accept the risks despite these conditions (if any) and am still, and will always, be under the terms of this agreement.
5. I certify that I am 18 years or older and that I have read this document and fully understand it.
6. OR as a parent or guardian of the participant (a) I agree to the above for myself and on behalf of the participant and (b) I indemnify and will keep indemnified any person or body directly or indirectly associated with the conduct of the activity on the terms referred to above.

I/We hereby confirm acceptance of, and I/We agree with all the stipulated terms and conditions mentioned above.

SIGNED AT \_\_\_\_\_ ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

Name and Surname:

Signature:

