



SINGAPORE RED CROSS SOCIETY

RED CROSS TRAINING CENTRE (RCTC)

LEVEL 3 RED CROSS HOUSE 15 PENANG LANE SINGAPORE 238486

Website: <http://www.redcross.org.sg> TEL: 6336 0269 FAX: 6337 6435

COURSE APPLICATION FORM

✓ Please tick in the appropriate boxes.

Course & Fee	Medium	Time	Start Date of Course	End Date of Course
<input type="checkbox"/> STANDARD FIRST AID (SFA 24hrs) # \$90 (SDF AIP course)	<input type="checkbox"/> English <input type="checkbox"/> Mandarin	<input type="checkbox"/> 3 Full Day (9am to 6pm) <input type="checkbox"/> 4 Full Day (9am to 4.30pm)		
<input type="checkbox"/> OCCUPATIONAL FIRST AID (OFA 24hrs) # \$180 (SDF AIP course)	English only	<input type="checkbox"/> 8 Evening (6:30pm to 9:30pm)		
<input type="checkbox"/> ^ REFRESHER SFA (12hrs) # \$70	<input type="checkbox"/> English	<input type="checkbox"/> Full Day (9am to 4.30pm)		
<input type="checkbox"/> ^ REFRESHER OFA (18hrs) # \$150	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Evening (6:30pm to 9:30pm)		
<input type="checkbox"/> HEART SAVER - ADULT CPR (8hrs) ## \$90	English only	1 Full Day (9pm to 6pm)		
<input type="checkbox"/> ^ BASIC CARDIAC LIFE SUPPORT (BCLS 8hrs) ## \$90				

with Training Notes, 2 complimentary Bandages & 1 face-shield, ## with Training Notes & 1 complimentary face-shield

^ Applicant applying for **BASIC CARDIAC LIFE SUPPORT OR REFRESHER COURSE** must submit a valid (not expired) copy of the previous Standard/Occupational First Aid certificate (issued by Singapore Red Cross, St. John Ambulance or Ministry of Manpower) to us before course commencement. Red Cross reserves the right to **reject the application** if the **certificate has expired** or we do not receive the previous certificate (please read Terms & Regulations for details)

OPTIONAL MATERIALS	
<input type="checkbox"/> English First Aid Manual (8 th Edition)	@ S\$ 30 per copy
<input type="checkbox"/> Mandarin First Aid Manual	@ S\$ 20 per copy
<input type="checkbox"/> Red Cross First Aid Kit	@ S\$ 12 per kit
TOTAL AMOUNT PAYABLE (All prices are inclusive of GST): S\$	

PERSONAL PARTICULARS (Please fill in BLOCK LETTERS)

Full Name (MR/MRS/MDM/MS): _____ Age: _____
 NRIC / Passport No.: _____ Occupation Designation: _____
 Address: _____ Postal Code: _____
 Tel No.: Home: _____ Office: _____ Fax: _____
 Email address: _____

IF COMPANY SPONSORED, please complete this section

Company Name: _____
 Billing Address: _____ Postal Code: _____
 Invoice Attention Name: _____ Contact No.: (Office) _____
 Designation: _____ (Fax) _____
 Email address: _____

Please tick if invoice is required (invoice will be sent after the start of course)

DECLARATION

YES, I am medically fit to undertake the First Aid course including CPR (resuscitation)

I hereby declare that the above information provided is accurate. I have read, understood and shall abide the **TERMS & REGULATIONS** stated overleaf.

Signature _____

Date _____