

**H E A L T H**

**T R A I N I N G**

 **COURSE REGISTRATION FORM**

1. **Course Information (Please tick your Choice)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME OF COURSE** | **TIME** | **COST** | **TICK** | **NAME OF COURSE** | **TIME** | **COST** | **TICK** |
| CPR for everyone | 4 Hours | R450pp |  | Frail Care | 5 Days | R1800pp |  |
| CPR for Infants | 2 Hours | R250pp |  | First Aid Essentials | 4 Hours | R450pp |  |
| Infant Care | 6 Hours | R550pp |  | First Aid Level 1 | 2 Days | R750pp |  |
| Child Care | 6 Hours | R550pp |  | First Aid Level 1-3 | 3 Days | R950pp |  |
| Nanny training | 2 Days | R750pp |  | Basic Fire | 4 Hours | R350pp |  |
| Instructor onlyEquipment only | 1 Day1 Day | R1200R500 |  | BLS-HCP  | 4 Hours | R850pp |  |

\*Group discounts available \*Petrol claim R3.90 p/km

1. **Student Information**

Surname: Title (Mr, Mrs, Ms, Dr etc.):

First Names:

Date of Birth:

ID Number: Race Group:

(Please attach a Copy of your ID) (For Statistics purposes only)

Postal Address: Postal Code:

Tel (H): Tel (W):

Cell: Fax:

E-mail: HPCSA/SANC #: \_\_\_\_\_\_

Signed this day of 2021 at

Full Name: Signature: