

## 2023 COURSE APPLICATION FORM

Please complete **ALL** sections below. Once complete, please sign, date and return together with copies of required course certificates and a copy of your Identity Document

APPLICANT INFORMATION														
<b>Surname</b> <small>(as you wish for it to appear on your certificate)</small>					<b>First Names</b> <small>(as you wish for it to appear on your certificate)</small>									
<b>Initials</b>		<b>Title</b>	Dr	Mr	Ms	Mrs	Other:		<b>Gender</b>	F	M			
<b>Identity/Passport Number</b>					<b>Date of Birth</b>		D	D	M	M	Y	Y	Y	Y
<b>Medical Qualification</b>					<b>HPCSA/SANC Registration No.</b>									
<b>Work Phone</b>					<b>Home Phone</b>									
<b>Cell Phone</b>					<b>Email Address</b>									
<b>Delivery Address</b>										<b>Code</b>				

X	COURSE FOR MEDICAL PROFESSIONALS	COST	DURATION	COURSE DATES	REQUIREMENTS
	AHA BLS Course*	R1 150.00	5½ Hours		N/A
	AHA ACLS Course*	R3 695.00	2 Days		Valid AHA BLS or ACLS Card
	AHA ACLS EP Course*	R3 995.00	2 Days		Valid ACLS Certificate
	AHA PALS Course*	R3 695.00	2 Days		Valid BLS or PALS Certificate
	ITLS Course ( <b>Basic</b> )	R3 895.00	2 Days		Professional Registration
	ITLS Course ( <b>Advanced</b> )	R3 895.00	2 Days		Professional Registration
	Handbook of Emergency Cardiovascular Care	R620.00	<b>Optional extra for ACLS and/or PALS Course *If available*</b>		
	<b>Other:</b>				

COURSE MANUALS			
<small>Please mark with an 'X' (Select only <u>one</u> option i.e. Hard copy or eBook)</small>			
<input type="checkbox"/> I would like the <b>hard copy manual/s</b>		<input type="checkbox"/> I would like the <b>eBook/eManual</b>	
<input type="checkbox"/> <b>Collect Course Material</b> <small>(No Fee, Collection from our offices)</small>		<input type="checkbox"/> <b>Courier Course Material</b> <small>(Courier fee to be confirmed upon receipt of application form)</small>	

**Invoices are only sent on receipt of application form.** NO training materials will be sent without confirmation of payment. Course fees include: tea & coffee, lunch (applicable for full day courses only), course material and certification.

\*AHA = American Heart Association Accreditation

DIETARY REQUIREMENTS										
<small>Please mark with an 'X'</small>										
No Special Request		Halaal		Kosher		Vegetarian		Food Allergy		Other
<b>Other:</b>										

PHOTOGRAPHY DISCLAIMER		
<small>Please mark with an 'X'</small>		
ATA International Holdings (Pty) Ltd. requests the permission to utilize any pictures taken during the training course. These pictures will be used as promotional material on certain social media platforms	YES	
	NO	

## CHALLENGES WE NEED TO KNOW ABOUT?

This information will be kept confidential, but it is important to ensure a positive learning experience. Please mark with an 'X'

Difficulty with English		Knee or Back problems		Hearing Impaired		Visually Impaired		Pregnant		Other	
Details:											

## HOW DID YOU HEAR ABOUT US?

Please mark with an 'X'

Colleague		Own Company		Via SMS	
Attended Previously		Facebook		Referred by another Organisation	
Email/MailChimp		LinkedIn		Website	
Flyer		Word of Mouth		Medpages	
Other:					

Would you like to receive future correspondence from us?

Yes                       No

## TERMS & CONDITIONS

I acknowledge that I need to study the course materials supplied before attending the BLS, and/ or ACLS, and/ or PALS, and/ or ITLS, and/ or any other programme as indicated by myself on this application form in order to pass the required entrance and/ or final written examination/s (minimum pass mark is 84% - AHA courses, & 74% - ITLS courses).

I acknowledge that 100% course attendance is required as part of the course completion criteria for any/ all courses undertaken.

All course materials and manuals will only be forwarded upon receipt of full payment for the course/s.

Extraordinary courier costs will be invoiced in addition to course fees for the delivery of all course materials. All international or urgent courier deliveries will be quoted upon separately.

### Cancellations and postponements:

1. **Cancellations:**
  - a. Inform ATA ALS Training Academy in writing > 4 weeks before course date: 75% refund
  - b. Inform ATA ALS Training Academy in writing < 4 weeks before course date: no refund
2. **Postponements:**
  - a. Inform ATA ALS Training Academy in writing > 4 weeks before course date: applicable postponement fee – R 500.00
  - b. Inform ATA ALS Training Academy in writing < 4 weeks before course date: applicable postponement fee – R 1,000.00
3. **Please note: only 1 postponement is allowed**

Please note: ATA ALS Training Academy will deduct the costs of all course materials from any refunds effected.

No refunds of any course fees paid will be effected for non-attendance of, or no show for courses on the confirmed date as booked.

I acknowledge that course dates may be subject to change at short notice (i.e. within 4 weeks of the stipulated course date) dependent 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.

Note to all registered practitioners attending any courses - it must be made expressly clear that these courses are CPD programs and therefore will not increase your HPCSA or other registration body's registered scope of practice in any way.

I hereby indemnify and hold harmless ATA International Training/ ATA ALS Training Academy, its directors, employees, agents and sub-contractors against any liability, losses, claims, damages, costs or proceedings whatsoever arising in common law or by statute, consequent on personal injuries to or the death of any person whatsoever arising out of or in the course of or caused by any act or omission of the directors or any single director and/ or any of their employees, agents or sub-contractors directly or indirectly related to the conducting of training or instruction which is to be conducted irrespective of any negligence on the part of ATA International Training/ ATA ALS Training Academy, its directors and/ or employees, agents or sub-contractors.

I hereby confirm acceptance of, and I am in agreement with all the stipulated application, payment, participation, cancellation, postponement and indemnity terms and conditions.

### POPI

By completing this application form, you are consenting to ATA International Holdings (Pty) Ltd processing, using and storing any personal information provided in accordance with the Protection of Personal Information Act (4 of 2013). A copy of our POPI Compliance Manual and Privacy Policy can be made available to you on request.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_