



INTERNATIONAL HEALTH AND SAFETY TRAINING CENTER

INFORM. EDUCATE. PROVIDE.

Registration Form

REGISTERED BY: _____ PAID: TEXTBOOK RECEIVED:

SIGN HERE TO
CONFIRM THE SPELLING
OF YOUR NAME *

PERSONAL INFORMATION Title: Dr. Other

Name*: _____

(Please write legibly in CAPITAL as you would like your name to appear on the certificate)

ANY RE-ISSUANCE IN CERTIFICATION DUE TO SPELLING ERRORS OR UNCLEAR WRITING WILL COST 50 AED PER CERTIFICATE

Phone Number (Office): _____ Mobile*: _____

Email*: _____

Address: _____ P.O. Box: _____

City: _____ Emirate: _____ Country: _____

Name of organization*: _____

Profession*: _____ Area of Specialization*: _____

Date of Course: _____

COURSE NAME	SELECT
Basic Life Support (BLS) – American Heart Association	
Advanced Cardiovascular Life Support (ACLS) -AMERICAN HEART ASSOCIATION	
Pediatric Advanced Life Support (PALS) - AMERICAN HEART ASSOCIATION	
Heart Saver First Aid/CPR/AED – AMERICAN HEART ASSOCIATION	
Pediatric Heartsaver First AID-CPR-AED - AMERICAN HEART ASSOCIATION	
Emergency First Aid/CPR/AED – PERRI-MED	
Standard First Aid/CPR/AED – PERRI-MED	
Neonatal Resuscitation Program (NRP)	
Intravenous (IV) and Intraosseous (IO) Therapy Course	
ECG & Pharmacology	
Basic Life Support Instructor Course (BLS-I) - AMERICAN HEART ASSOCIATION	
Advanced Cardiac Life Support Instructor Course (ACLS-I) - AMERICAN HEART ASSOCIATION	
Pediatric Advanced Life Support Instructor Course (PALS-I)- AMERICAN HEART ASSOCIATION	
INFECTION CONTROL WORKSHOP	
Patient Safety Course	
Basic Fire Fighting Awareness	

Name of course (if not listed above): _____

I know about the course from: Email Word of mouth Facebook LinkedIn
 Internet Hard copies WhatsApp Website

PAYMENT OPTIONS

- CHEQUE PAYMENT: Payable to International Health & Safety Training Center FZ LLC.
- CASH PAYMENT: You may make payments in Person at our Training Center International Health & Safety Training Center, Unit 7-2R, Ground Floor, Al Razi Medical Complex, Building No. 64, Dubai Healthcare City, Dubai, UAE.
- BANK TRANSFER: Noor Islamic Bank, Beneficiary: International Health & Safety Training Center FZ LLC
ACCOUNT # 00110458890016 IBAN # AE700520000110458890016, Branch: Sheikh Zayed Road
- Money Transfer (UAE Exchange / Al Ansari Exchange)

- All Basic courses must be registered and paid for a minimum of 1-week prior to the training session they wish to register for.
- All Advanced Courses must be registered and paid a minimum 3-week prior to the training session they wish to register for.

Reschedule policy:

- Rescheduling a course date, you have been registered for must be done two (2) weeks before the dates of course.
- Any rescheduling request after two (2) weeks but before one (1) week of the scheduled course date is emitted with a rescheduling fee of 100 AED. f No rescheduling request is permitted within one (1) week of the scheduled course date. f No show and late comers more than 15 minutes past the scheduled course start time will forfeit course fee.
- Any refund request must be initiated two (2) weeks before the class you are scheduled for. All refunds will be subject to a non-refundable fee of 250 AED to cover administrative expenses. No refunds will be issued within 2 weeks of the course.

Signature: _____

IHSTC reserves all rights to cancel or reschedule a training session. In such an event the candidate will be duly notified and offered the opportunity to consent to new course dates.

I ACKNOWLEDGE THAT I HAVE READ & UNDERSTOOD ALL OF THE ABOVE TERMS

Signature: _____

Date: _____

ONLY COMPLETE THE BELOW IF YOU ARE SCHEDULING THE COURSE IN LESS THAN SPECIFIED REGISTRATION TIME FRAME.

Disclaimer:

If one wishes to register for the training session less than the specified registration period; they may do so at their own responsibility. Each of our courses requires the candidate to be successful in the practical and written assessment to obtain certification. You must take a self-assessment of own preparedness to attend the training session to determine your eligibility.

I am aware of the above & consider myself capable of taking the training session in less than the specified registration time frame. I assume all responsibility if I am unable to successfully complete the training session.

Signature: _____

Date: _____