



Course Application Form 2018

Date: DD MM YYYY

Applicant Information # mandatory fields to fill in

Full Name: _____
Title, First name, Initial, Surname Preferred calling name

Home Address: _____
Street Address

City Country Postal Code

Postal Address: _____

City Country Postal Code

Home Phone: () _____ **# ID / Passport Number:** _____
 Business Address: _____

City Country Postal Code

Work Phone: () _____ **# Cell Phone:** _____

Fax No: () _____ **Email Address:** _____

Next of Kin: _____ **# Cell Phone:** _____
Title, First name, Surname

Professional Registration No: _____

Highest Qualification
 (Medical, Nursing, EMS): If applicable please include date qualified and from which institution qualification was obtained

mandatory fields to fill in

Challenges we need to know about (This information will be kept confidential, but is important to ensure a positive learning experience)

- | | |
|--|---|
| <input type="checkbox"/> Difficulty with English | <input type="checkbox"/> Knee or back problems |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Visual (not corrected with glasses / contact lenses) |

How did you hear about us ?

- | | | |
|---|--|---|
| <input type="checkbox"/> Referred by professional colleague | <input type="checkbox"/> Own Company | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Attended previously | <input type="checkbox"/> Via Social Media feed | <input type="checkbox"/> Referred by another organization |
| <input type="checkbox"/> Email | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Other | | |

Would you like to receive future correspondence from us ?

- | | |
|--------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Email | <input type="checkbox"/> Other <small>(Please specify)</small> |



Courses & Cost

Please mark clearly the course to book

(All fees are relating to local expenses. Prices include VAT)

Preferred course date:	Course Code	DD MM YYYY	Alternate course date:	Course Code	DD MM YYYY
Preferred course date:	Course Code	DD MM YYYY	Alternate course date:	Course Code	DD MM YYYY

Course place at:	Course Code	<input type="checkbox"/> Windhoek	<input type="checkbox"/> Ondangwa	<input type="checkbox"/> Walvis Bay
Course place at:	Course Code	<input type="checkbox"/> Windhoek	<input type="checkbox"/> Ondangwa	<input type="checkbox"/> Walvis Bay

First Aid

Course	Course Code	Requirements	Rate per Person
First Aid – LSM	M1	➤ None	NAD 690.00
First Aid – Level A	M2	➤ Grade 10	NAD 985.00
First Aid – for “kids”	M3	➤ None	NAD 690.00

Emergency & Medical Care

Course	Course Code	Requirements	Rate per Person
EMS Combination - First Aid – Level A - ECP – Basic Save NAD 75.00	E1a	➤ Grade 10, min. 23 points ➤ Pass of the previous course	NAD 980.00 NAD 9,830.00 * NAD 10,810.00
OSHEMS – Medic - First Aid – Level A - ECP – Basic - Industrial Fire Fighting - Health & Safety Supervisor - Practical Experience (Ambulance hours) - BLS for Healthcare Provider - ITLS – Basic - ECP – I entry exam - ECP – Intermediate Save NAD 790.00	E1b	➤ Grade 10, min. 23 points ➤ Pass of the previous course always ➤ Pass entry exam ILS before ECP-I course	NAD 980.00 NAD 9,820.00 NAD 1,290.00 NAD 2,885.00 NAD N/A NAD 890.00 NAD 4,795.00 NAD 100.00 NAD 23,000.00 *** NAD 43,760.00
ECP – Basic	E1	➤ Grade 10, min. 23 points ➤ First Aid – Level A	* NAD 9,900.00
ECP – Basic Part-Time	E1P	➤ Grade 10, min. 23 points ➤ First Aid – Level A	* NAD 10,950.00
ECP – Basic, Refresher Course	E1R	➤ ECP – Basic	NAD 1,950.00
ECP – Intermediate Entry Exam	E2a	➤ ECP – Basic ➤ Letter of confirmation for 1000 ambulance hours or 1 year registered with the HPCNA	NAD 300.00
ECP – Intermediate Including: - HPCNA ILS-student registration	E2	➤ Grade 10, min. 23 points ➤ Passed ECP – I entry exam	** NAD 23,250.00
BLS for Healthcare Provider (HPCNA CPD: 16 CEU’s)	E3	➤ HPCNA registration	NAD 895.00
ITLS – Basic (HPCNA CPD: 25 CEU’s)	E4	➤ First Aid – Level A ➤ In responding position to accidents	NAD 5,035.00
ITLS – Advance (HPCNA CPD: 25 CEU’s)	E5	➤ HPCNA registration ➤ ECP – I up to Physician	NAD 5,035.00



Health & Safety

Course	Course Code	Requirements	Rate per Person
Representative	H1	➤ Grade 10, min. 23 points	NAD 1,295.00
Induction	H2	➤ Grade 10	NAD p.o.r
General Health & Safety	H3	➤ Grade 10	NAD 1,295.00
Accident & Incident Investigation	H5	➤ Grade 10, min. 23 points	NAD 1,295.00
Risk Assessment – HIRA	H6	➤ Grade 10, min. 23 points	NAD 1,295.00
Supervisor	H7	➤ Grade 10, min. 23 points	NAD 2,890.00
Health & Safety Officer	H8	➤ Grade 10, min. 23 points ➤ Health & Safety Representative (H1)	NAD 14,195.00

Industrial Fire Fighting

Course	Course Code	Requirements	Rate per Person
Basic Industrial Fire Fighting	F1	➤ Grade 10	NAD 815.00
Industrial Fire Fighting	F2	➤ Grade 10	NAD 1,295.00

Life Training

Course	Course Code	Requirements	Rate per Person
Trauma Healing Facilitator (HPCNA CPD: 25 CEU's)	L1	➤ Grade 10, min. 23 points	NAD 1,500.00
Stress Management (HPCNA CPD: 2 CEU's)	L2	➤ Grade 10, min. 23 points	NAD 300.00
Coping with Trauma & Loss (HPCNA CPD: 2 CEU's)	L3	➤ Grade 10, min. 23 points	NAD 300.00
Care for Caregiver (HPCNA CPD: 2 CEU's)	L4	➤ Grade 10, min. 23 points	NAD 300.00

TOTAL AMOUNT OF COURSE COST	NAD
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COURSE FEE ARRANGEMENT

- Please be advised that a pro-forma invoice will be forwarded on receipt of application.
- No training materials will be hand out without payment confirmation.
- * 50% nonrefundable deposit must be paid 7 days prior to course starting date. Final payment **prior** to exam.
- ** 25% nonrefundable deposit must be paid 7 days prior to course starting date, further 25% prior to midterm of the training programme. Final payment prior to final exam
- *** NAD 9,000.00 nonrefundable deposit must be paid 7 days prior to course starting date. An installment of NAD 2,225.00 p.M. must be paid till full payment of the OHSEMS Medic course
- If payments are not done in time, ATA IN may charge an interest rate according to the Namibian law
- Course fees for courses below NAD 5,500.00 must be paid in full at application – nonrefundable

PAYMENT DETAILS:

- **Payments must be done on Quotations / Invoice**
- Payments can be done at the ATA International Service & Training Centres
- **EFT payment or cash deposit into the bank account use the following reference:**
 - Surname, Quotation No.

Sponsor details

Name, Surname or Company or Ministry or Institution name

Name, Surname of contact person

Date of Birth / Company Registration No

Email

Telephone Number

Signature Sponsor & official stamp

Date

() I would like to be informed regarding my delegates performance



TERMS & CONDITIONS

1. I _____, ACKNOWLEDGE THAT I NEED TO STUDY THE COURSE MATERIALS SUPPLIED BEFORE ATTENDING THE BLS FOR HEALTHCARE PROVIDERS, AND / OR ACLS, AND / OR PALS , AND / OR ITLS, AND / OR ANY OTHER PROGRAM AS INDICATED BY MYSELF ON THIS APPLICATION FORM IN ORDER TO PASS THE REQUIRED ENTRANCE &/OR FINAL WRITTEN EXAMINATION/S (MINIMUM PASS MARK IS 84% - AHA COURSES, 76% - ITLS COURSES, 50% - ECP; OHS; IFF; FA COURSES.)
2. I _____, ACKNOWLEDGE AND UNDERSTAND THAT I WILL NOT BE ELIGIBLE TO ATTEND A COURSE WHEN ANY / ALL PRECOURSE REQUIREMENTS / STIPULATIONS HAVE NOT BEEN MET / COMPLETED BY MYSELF
3. I _____, ACKNOWLEDGE THAT FULL COURSE ATTENDANCE IS REQUIRED AS PART OF THE COURSE COMPLETION CRITERIA FOR ANY / ALL COURSES UNDERTAKEN
4. **COURSE FEES FOR COURSES BELOW NAD 5,500.00 MUST BE PAID 7 DAYS BEFORE THE COURSE STARTS. COURSE FEES ABOVE NAD 5,500.00 MUST BE PAID AS STIPULATED IN THE COURSE APPLICATION FORM, SECTION COURSE FEE MENTIONED**
5. COURSE MATERIALS AND MANUALS WILL ONLY BE FORWARDED UPON RECEIPT OF FULL PAYMENT FOR THE E3 – E5 COURSES. **PAYMENT WILL ONLY BE ACCEPTED - IN CASH OR ELECTRONIC FUNDS TRANSFER – PREFERABLE EFT**
6. EXTRAORDINARY 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 EFFECTED AS FOLLOWS:
 - a. **CANCELLATIONS:**
 - i. INFORM ATA INTERNATIONAL NAMIBIA IN WRITING MORE THAN 3 WEEKS BEFORE COURSE DATE: 50% REFUND ON THE TOTAL COURSE FEE
 - ii. INFORM ATA INTERNATIONAL NAMIBIA IN WRITING LESS THAN 3 WEEKS BEFORE COURSE DATE: NO REFUND
 - b. **POSTPONEMENTS:**
 - i. INFORM ATA INTERNATIONAL NAMIBIA IN WRITING MORE THAN 3 WEEKS BEFORE COURSE DATE: APPLICABLE POSTPONEMENT FEE - NAD 0.00
 - ii. INFORM ATA INTERNATIONAL NAMIBIA IN WRITING LESS THAN 3 WEEKS BEFORE COURSE DATE: APPLICABLE POSTPONEMENT FEE – 60% OF THE INITIAL COURSE FEE
 - c. PLEASE NOTE: ONLY 1 POSTPONEMENT IS ALLOWED
8. PLEASE NOTE: ATA INTERNATIONAL NAMIBIA WILL DEDUCT THE COSTS OF ALL COURSE MATERIALS FROM ANY REFUNDS EFFECTED
9. 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
10. I _____, ACKNOWLEDGE THAT COURSE DATES MAY BE SUBJECT TO CHANGE AT SHORT NOTICE (I.E. WITHIN 1 WEEKS 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
11. FIRST EXAMINATION REWRITE ATTEMPTS FOR ALL COURSES PRESENTED BY ATA INTERNATIONAL NAMIBIA (IN WHK / OND / WB) WILL BE CONDUCTED FREE OF CHARGE. THEREAFTER A FEE OF NAD 2,000.00 (VAT EXCL.) WILL BE APPLICABLE PER ATTEMPT. ALL EXAMINATION REWRITES UNDERTAKEN OUTSIDE THESE TOWNS WILL BE QUOTED UPON SEPARATELY. IF THE EXAM MARK IS 40% OR LESS THE COURSE MUST BE REPEATED AND AN ADDITIONAL FEE OF 60% OF THE INITIAL COURSE FEE WILL BE APPLICABLE.
12. ALL BLS / ILS CANDIDATES NEED TO BE PHYSICALLY CAPABLE AND ABLE TO WORK ON THE FLOOR AND UNDER STRESS. BLS / ILS CANDIDATES WHO ARE NOT ABLE TO FULFILL THIS REQUIREMENT WILL NOT BE ELIGIBLE FOR EXAMINATION AND COMPLETION OF THE BLS / ILS COURSE.
13. **NOTE TO ALL HPCNA REGISTERED PRACTITIONERS ATTENDING ANY CPD COURSE - IT MUST BE MADE EXPRESSLY CLEAR THAT THESE COURSES ARE CPD PROGRAMS AND THEREFORE WILL NOT INCREASE YOUR HPCNA REGISTERED SCOPE OF PRACTICE IN ANY WAY**
14. I _____, WILL NOT HOLD ATA INTERNATIONAL NAMIBIA (OR ANY OF ITS AFFILIATED COMPANIES, SERVICE PROVIDERS, CONTRACTORS, SHAREHOLDERS, MEMBERS, INSTRUCTORS AND EMPLOYEES) LIABLE FOR ANY LOSS OR PERSONAL INJURY INCURRED WHILST ATTENDING COURSES FACILITATED BY ATA INTERNATIONAL NAMIBIA

I HEREBY CONFIRM ACCEPTANCE OF, & I AM IN AGREEMENT WITH, ALL THE STIPULATED APPLICATION, PAYMENT, PARTICIPATION, CANCELLATION & POSTPONEMENT TERMS & CONDITIONS.

SIGNED: _____	DATE: _____
WITNESS: _____	DATE: _____
WITNESS NAME: _____	CONTACT NUMBER: _____