



St John Ambulance Malta Training Branch



training@sjamalta.org • www.stjohnmalta.org • +356 +356 7924 5740

FIRST AID COURSE REGISTRATION FORM

I would like to apply for the course starting on:

DATE: _____ DAY OF THE WEEK: _____ TIME: _____

Write your details in block letters:

The personal data is collected in compliance with the requirements of St John Ambulance. This data will be held securely and in compliance with the requirements of the Data Protection Act.

TITLE: _____ ID CARD No. / PASSPORT No: _____

NAME: _____

SURNAME: _____

ADDRESS: _____

TEL: _____ DATE OF BIRTH: _____

E-MAIL ADDRESS: _____

<p>Enclosed please find a cheque addressed to 'St John Ambulance' for the amount of €40 covering my registration fee for the above course.</p> <p>Send the cheque & application by post (not registered post):</p> <p>St John Ambulance Malta, Headquarters & Training School 5 Independence Square, Valletta Malta VLT1520</p>	<p style="text-align: center;">Cancellation/Refund Policy</p> <ul style="list-style-type: none"> ▪ Refunds will not be issued if applicants fail to attend full or part of the course. ▪ St John Ambulance reserves the right to cancel a course if the minimum number of participants is not reached. In such cases, the applicants are given the opportunity to attend the next course or they will be refunded the full course registration fee.
---	--

SIGNATURE: _____ DATE: _____

FOR OFFICE USE

Course No: _____ Location: _____ Cheque No: _____

Receipt No: _____ Certificate No: _____ Certificate Date: _____