



Academy of Advanced Life Support



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AMLS

Advanced
Medical
Life Support

ACLS

Advanced
Cardiovascular
Life Support

2019 Registration Form

PALS

Paediatric
Advanced
Life Support

ANLS

Advanced
Neonatal
Life Support

Surname: Title: Prof/Dt/Sr/Mr/Mrs/Ms.....
First Name: Middle Initial:
Calling Name (For name tag):
Address (Work) Postal Code:
Address (Home) Postal Code:
Preferred Courier Address: (Must be a physical address) Postal Code:
Telephone numbers: Work (code) Home (code)
Fax numbers: Work (code) Home (code)
Cellphone number: E-mail address:

Qualifications

Institution

Date

.....
.....
.....

HPCSA REGISTRATION NUMBER: Identity Number:

Summarized C.V. (Last 3 years)

Present position held:
Previous positions held:
Other courses attended:

BASIC LIFE SUPPORT CERTIFICATE

VERY IMPORTANT: IF PREVIOUSLY DONE, COPY OF VALID CERTIFICATE MUST BE ATTACHED:

AHA Basic Life Support Healthcare Provider Certificate No Dated Issued by

I heard of this Course through (Please tick relevant blocks):

Sent by employer ☐ Recommended ☐ Other ☐
Advertisement ☐ Brochure ☐ (Specify).....

DATE OF COURSE BOOKING

☐		5 hour Basic Life Support for Healthcare Providers Course
☐		2-Day Paediatric Advanced Life Support (PALS) Provider Course
☐		2½- Day Advanced Cardiovascular Life Support (ACLS) Provider Course
☐		2-Day Advanced Cardiovascular Life Support for Experienced Providers Course
☐		2-Day Paediatric Advanced Life Support for Experienced Providers Course
☐		2-Day Advanced Medical Life Support (AMLS) Course for Doctors
☐		1-Day Emergency ECG and Pharmacology Course
☐		1-Day Advanced Neonatal Life Support (NRP) Course

UNDERTAKING

Enclose an EFT/credit card number payable to **ACADEMY OF ADVANCE LIFE SUPPORT**. (Textbooks will be forwarded on receipt of payment). I understand that I will be required to pass the entry examination in order to successfully complete the course.

(It is recommended that the Textbook be obtained at least 6 weeks prior to Course participation to allow sufficient time for self-study)

Mark appropriate blocks (All prices include VAT):

☐	R950.00	5 hour Basic Life Support for Healthcare Providers Course
☐	R3200.00	2-Day Paediatric Advanced Life Support (PALS) Provider Course
☐	R3300.00	2½- Day Advanced Cardiovascular Life Support (ACLS) Provider Course
☐	R3350.00	2-Day Advanced Cardiovascular Life Support for Experienced Providers Course
☐	R3200.00	2-Day Paediatric Advanced Life Support for Experienced Providers Course
☐	R3350.00	2-Day Advanced Medical Life Support (AMLS) Course for Doctors
☐	R1400.00	1-Day Emergency ECG and Pharmacology Course
☐	R2200.00	1-Day Advanced Neonatal Life Support (NRP) Course
☐	R150.00	COURIER FEE (outlying areas to please ask for a quote)

PAYMENT BY DIRECT DEPOSIT:

ACCOUNT NAME: ACADEMY OF ADVANCED LIFE SUPPORT.

STANDARD BANK, NORTHCLIFF.

BRANCH CODE: 006305.

ACCOUNT NUMBER: 201 675 781. REFERENCE: Your name & course date

TERMS AND CONDITIONS

Cancellation more than 1 month prior to Course - 75% REFUND

Cancellation less than 1 month prior to Course - NO REFUND

Failure to attend Course – NO REFUND

(Only one postponement will be allowed)

Postponement Fee : R1500.00

Add R350.00 if certificates printed

I confirm acceptance of the terms and conditions of participation and postponement conditions.

Signed Dated

Please complete & email to : PROF. W. KLOECK. ACADEMY OF ADVANCED LIFE SUPPORT . PO BOX 73241, FAIRLAND, JOHANNESBURG 2030
Tel (011) 478-1874 • Fax (086) 604-9910 • Email: carmen@resus.co.za
