



## First Aid Certificate Student Registration Form



NAPSA in conjunction with Stitches® is proud to offer you a student focused training course in First Aid. This registration form must be received by THREE weeks prior to the course date.

Applications received after this date will not be registered.

SURNAME:  FIRST NAME:

BRANCH:

STUDENT NUMBER:  YEAR LEVEL:

PHONE NUMBER:

EMAIL ADDRESS:

Note: Your email address is required to contact you regarding successful application and potential changes, so please write clearly.

FIRST AID TRAINING DATE:

First Aid + CPR	(please tick)
<input type="radio"/> NAPSA Member	\$125
<input type="radio"/> Non-Member	\$135

CPR Update ONLY	(please tick)
<input type="radio"/> NAPSA Member	\$50
<input type="radio"/> Non-Member	\$55

The session will run from approximately from 9am-4pm on the designated date at:

I understand that there are limited spots to the First Aid Certificate training sessions, and upon signing up I agree to attend the above dated session at the time allocated. In the event that I cannot attend I will contact my local Branch Representative prior to the training.

**NAPSA cannot guarantee a refund for cancellations within two weeks prior to the event.**

I also understand that I must attend the whole training day and complete course work at a level deemed competent by the trainer before I am considered eligible to be awarded the First Aid Certificate.

SIGNATURE:  DATE:

<i>For Branch Treasury use only</i>		
Amount Paid: _____	Collected By: _____	Date: _____

