



# The St. John Ambulance Association & Brigade in Sri Lanka

Company registration no: G A 591

**St John  
Sri Lanka**

## TRAINING DEPARTMENT, NATIONAL HEADQUARTERS – SRI LANKA

**COMMUNICATIONS::** No: 65/11, Sir Chittampalam A Gardiner Mawatha, Colombo 02, Sri Lanka.  
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Thank you very much for your interest about our First Aid Training Programs and the quotation for the available First Aid training programs given below.

### **FIRST AID – ADULTS – Non Commercial**

**Aim: Educating & providing essential practical training on handling casualties in an emergency & transporting the casualties in a suitable way saving life & minimizing further damage.**

**Group :** Government School Teachers, Govt. Universities, Technical Colleges, Training Schools,  
**Other Adults** ( Non commercial Institutions) \*\* Different charges applicable for groups of > 150 & 02 days.

| <b>TYPE OF PROGRAMME</b>  | <b>FA/AW/12<br/>E</b>  | <b>FA/SD/14<br/>F</b>                                      |
|---|--|--|
| <b>Duration</b>   | 01 DAY ( 06hrs )   | 2 DAYS ( 12hrs )   |
| <b>Maximum no of participants<br/>allowed with standard package</b> | <b>15</b>  | <b>15</b>  |
| <b>Course Fees - standard package</b>                               | <b>9,000.00</b>  | <b>18,750.00</b>   |
| <b>Charges for Additional<br/>participants - up to 08</b>           | <b>600.00</b>  | <b>1,250.00</b>  |
| <b>Training materials – lecture<br/>notes ( Note Book )</b>         | 300.00 per copy<br>highly recommended for reference                          | 300.00 per copy<br>highly recommended for reference        |
| <b>Time</b>   | 9.00 A.M. TO 3.30 P.M.   | 9.00 A.M.TO 3.30 P.M.                                      |
| <b>Syllabus</b>   | CPR Bleeding , Heart Attack<br>Poisoning, Fainting Electrocutation,<br>Burns | A+<br>All Common Illnesses<br>Syllabus Annexed             |
| <b>Examination</b>  | No examination   | On day 2<br>Written & Practical                            |
| <b>Certificates</b>   | No individual certificates*  | Individual International Certificate<br>Valid for 03 years |
| <b>Number of Training officers</b>                                  | <b>01 - 02</b>   | <b>01 - 02</b>   |

\* Participation certificates will be issued on special request only. Rs.300.00 per certificate.

**Please contact us if you need different training modules or AED training for an additional charge.**

**Facilities Needed** ( should be provided by your institution )

1. Suitable hall facility with adequate space for practical sessions
2. Multimedia Facility with a computer
3. Transport facilities from our office ( or transport expenses )
4. Please advice to follow suitable dress code ( need to participate for practical training)

**Medium:** Programs conducted in all 03 languages ( Sinhala, English &Tamil ).

Selected program will be conducted only in one language.

**First aid note books:** available in Sinhala / Tamil / English languages. Price Rs: 300.00 per copy

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**Authority of Training:** Training Unit, St John Ambulance, Sri Lanka.

**Training Officers :** All our Training Officers are qualified First aid trainers with minimum of 05 years experience.

**Standards of training:** St John Sri Lanka is following international guidelines given by St John International & we use St John First aid manual of United Kingdom. We use standard equipment's ( Training dummies, Bandages & etc ) for all our training programs & trainers are provided with updated PowerPoint slides by National Training Unit.

**Syllabus of training program:** This program covers only first aid management of common situations & not covering various other Health & Safety topics. St John Sri Lanka is happy to provide special training programs for your request.

Medical management & advices are not included in to subject of First aid.

**Payments\*\* :** - All cheques should be drawn in favour of ;

The St. John Ambulance Association and Brigade in Sri Lanka crossed AC Payee.

**Our Account details \*\*** please use District accounts if program is conducted by District team

|                     |   |                         |                        |
|---------------------|---|-------------------------|------------------------|
| <b>Bank Name</b>    | Peoples Bank  | <b>Bank Swift Code</b>  | PSBKLKX                |
| <b>Branch Name</b>  | Head Office Branch  | <b>Bank Code Branch</b> | 7135 204               |
| <b>Account Name</b> | The St. John Ambulance Association and Brigade in Sri Lanka | <b>Account Number</b>   | <b>204100178422131</b> |

**How to apply:** Forward completed application form to our office ( email )

Please contact **Training / Operation Manager 0771064380** or **Chief Administrative Officer 076 137 8495** for further information.

**Participants Name list:** please email soft copy of name list - Name with Initials / NIC or Employee number ( Microsoft word / excel) to: **stjohnsl@sltnet.lk**

Please contact us if you need different training modules.

Authorized by: e – format

**Dr. M.P.W. Sahabandu.** MBBS.MSc (BMI).

**Director Training**

St John Ambulance, Sri Lanka

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**Dr. J.M.Nilam.** MBBS,DCH,MD.

**Chief Commissioner**

St John Ambulance, Sri Lanka

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Valid from 01.01.2023 to 31.12.2023

**Helping to save lives through updated & quality training since 1906.**  
**ST JOHN SRI LANKA – towards Green World**

**APPLICATION FORM - FIRST AID TRAINING - 2023**

01. Name of the Institution:.....

.....

02. Address:.....

.....

03. Phone No :.....email: .....

04. Organizer's Name: Mr./Mrs /Ms .....

Designation:.....Mobile No: .....

05. **Program Model** : **FA/AW/12 ( E )**  **FA/SD/14( F )**  **Other** **Medium**: **Sinhala**  **Tamil**  **English**  **Need AED additionally** **Do you need Books** : Yes  No **if yes; No of Books** Total..... Tamil..... Sinhala..... English .....

06. Expected date &amp; time of training program ( please discuss to confirm the date )

Day 01 ..... Time from .....am to .....pm

Day 02 ..... Time from .....am to .....pm

Venue:.....

07. Total No of Participants:..... e mail Soft copy of name list (Excel Sheet)

08. Facilities agree to provide:

1. Hall facility  2. Multimedia  3. Computer  4. Transport Facility 5. Program fee  6. \* Accommodation Facilities ( only if applicable ) 

Here by agree to organize this program according to the Health guidelines prevailing at the time of training program.

.....  
Date.....  
Sign - Organizer**e format accepted**