

APPLICATION FORM - FIRST AID TRAINING - 2024Quotation No: **STJ/FAT/ADU/QT /24 Non-Commercial Adult Programs**01. Name of the Institution: (to be printed in certificates).....
.....02. Address:.....
.....

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

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

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

05. Program Model : **AW/05** (01 day) **SD/05**(02 days) Other Medium: Sinhala Tamil English Need AED additionally Do you need Books : Yes No if yes; Number of Books **Total**..... Tamil..... Sinhala..... English.....

06. Expected date & 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:.....

08. Facilities agree to provide:

1. Hall facility 2. Multimedia 3. Computer 4. Name list- Excel soft copy (format attached)5. Program fee 6. Transport Facility 7. Attendance sheet 8. Accommodation Facilities (only if applicable) Special Remarks:.....
.....
.....

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 (no signature needed) paperless communication accepted & encouraged

email to stjohntraining@sltnet.lk WhatsApp **077 106 4380** stjohnsl@sltnet.lk WhatsApp **076 1378495**

* Allocation of Trainers & number of Trainers will be done according to the guidelines given by National Training Unit, ST JOHN Sri Lanka.