

APPLICATION FORM - FIRST AID TRAINING - 2024

Quotation No: STJ/FAT/INS /QT /24 Commercial Institutions

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/01 (01 day) SD/01(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 fromam topm

Day 02 Time fromam topm

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@slt.net.lk 077 106 4380 stjohnsl@slt.net.lk 076 1378495

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