

**APPLICATION FORM - FIRST AID TRAINING - 2024**Quotation No: **STJ/FAT/INT - SCH /QT /24** International School Programs01. 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/03** ( 01 day)  **SD/03**( 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 &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: Students..... Teachers..... Others..... Total:.....

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 &amp; encouraged

email to [stjohntraining@sltnet.lk](mailto:stjohntraining@sltnet.lk) WhatsApp **077 106 4380** [stjohnsl@sltnet.lk](mailto:stjohnsl@sltnet.lk) WhatsApp **076 1378495**

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