For the service of mankind

The St. John Ambulance Association & Brigade in Sri Lanka
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இலங்கை சென் ஜோன் அம்பியுலன்ஸ் சங்கம் மற்றும் படையணி

Government approved charity vide Gazette No: 193 of 05.12.1975 & ROC **GA 591** - 27.12.2010

NHQ: No: 65/11, Sir Chittampalam A Gardiner Mawatha, Colombo 02, Sri Lanka TP: +94112341736 www.stjohnsrilanka.lk
Mobile/WhatsApp: **CAO**: +94761378495 email: stjohnsl@sltnet.lk **Chairman**: +94761378489 **Commander**: +94761378490

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 TRAINING – Basic life support including CPR
International Agencies – 2025

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

TYPE OF PROGRAMME	Course code **AW/02**	Course code **SD/02**
Duration	**01 DAY** (06hrs)	**2 DAYS** (12hrs)
Minimum no of participants	**10**	**10**
Course Fees	**2,500.00** per participant	**4,000.00** per participant
Training materials –(Note Book)	**300.00 per copy** highly recommended for reference	**300.00 per copy** highly recommended for reference
Time	9.00 A.M. TO 3.30 P.M.	9.00 A.M.TO 3.30 P.M.
Syllabus	CPR Bleeding , Heart Attack Poisoning, Fainting Electrocution, Burns	A+ All Common Illnesses Syllabus Annexed
Examination	No examination	On day 2 MCQ & Practical
Certificates	Common Compliance certificate Valid for 01 year No individual certificates*	Individual International Certificate Valid for 03 years included Common Compliance certificate
Number of Training officers	**01 - 02**	**01 - 02**

* 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.

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

Training Officers : All our Training Officers are qualified First aid trainers with a minimum of 05 year's 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.

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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.

TVEC Registration Number : P 01 / 0333

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

Bank Name	**Peoples Bank**	**Bank Swift Code**	**PSBKLKLX**
Branch Name	Head Office Branch	**Bank Code Branch**	7135 204
Account Name	The St. John Ambulance Association and Brigade in Sri Lanka	**Account Number**	**204100178422131**

How to apply: Forward completed application form to our office (email) or contact us.

Please contact: **Training Manager**, St John Sri Lanka.
Mobile / WhatsApp: **0771064380** stjohntraining@sltnet.lk

CAO , St John Sri Lanka Mobile/ WhatsApp **0761378495** stjohnsl@sltnet.lk
for further information. www.stjohnsrilanka.lk

Participants Name list: please email soft copy of name list (expected to participate) - Name with Initials / NIC number (Microsoft excel – format attached) to: **stjohnsl@sltnet.lk** at least 07 days before the program date. If there is a change in participants, the updated name list should be forwarded to us within 03days after the training. We will be able to print certificates only after receiving soft copy of name list & after completion of payment.

Attendance Sheet: Need hard copy with participants signature. Attendance sheet provided by ST JOHN or your Institution, counter signed by ST JOHN Training Officer.

Please contact us if you need different training modules.

Authorized by: e – format

Dr. J.M.Nilam. MBBS,DCH,MD.
Child Specialist, Children's Hospital, Peradeniya
Chief Commander, St John Ambulance, Sri Lanka
076 137 8490 commanderstjohn@gmail.com

Mr. K.G. Sarath Dayananda. BSc, PGDCS,MSc, MIMSL
Director Training,
St John Ambulance, Sri Lanka
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Valid from 01.01.2025 to 31.12.2025

After First Aid training ST JOHN offers...

1. **Advanced FA**
2. **Emergency Medical Responder**
3. **Caring for Sick** – Care Giver M 01
4. **Mind First** – Maintaining healthy & stable mind
5. Basic **Ergonomics – Posture Perfect**
6. **Happy & safe childhood** – Child Management Skills
7. **Health & Safety** Programs
8. **Disaster Management**
9. **Sick room Management**

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

St John Sri Lanka

APPLICATION FORM - FIRST AID TRAINING - 2025

Quotation No: **STJ/FAT/INT /QT /25 International Agencies**

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/02 (01 day) ☐ SD/02 (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: .....

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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 **077 106 4380**

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