



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 Schools – 2026 Teachers & Students**



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/03	Course code SD/03
Duration	01 DAY (06hrs)	2 DAYS (12hrs)
Minimum no of participants	10	10
Course Fees	1,000.00 per participant	2,000.00 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 Electrocutation, Burns	A+ All Common Illnesses Syllabus Annexed
Examination	No examination	On day 2 MCQ & Practical
Certificates	No individual certificates*	Individual International Certificate Valid for 03 years included
Number of Training officers	01 - 02	01 - 02

* Participation certificates will be issued on special request only. Rs.150.00 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 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.

ST JOHN NHQ 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 (for programs conducted by NHQ, Colombo)

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

Visit www.stjohnsl.org / www.stjohnsrilanka.lk for District Account Details & for contact details of District team.

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** email: **stjohnstraining@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 / DOB or 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.

Training by District Teams

We have given authority to conduct First aid training programs by **District teams** according to our guidelines.

Visit www.stjohnsrilanka.lk **contact us** page for Details of authorized District teams.

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

076 137 8492

Valid from 01.01.2026 to 31.12.2026

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 |
| 6. Happy & safe childhood – Child Management Skills | | 7. Health & Safety Programs |
| 8. Disaster Management | | 9. Sick room Management |
| 10. Adolescent crisis – Teachers & Parents Responsibility | | |

Helping to save lives through updated & quality training since 1906.

ST JOHN SRI LANKA – towards Green World

APPLICATION FORM - FIRST AID TRAINING - 2026

International Schools

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

02. Address:.....

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

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

Designation:.....Mobile No:

05. **Program Model :** **AW/03** ☐ **SD/03** ☐ **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 & 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:..... **Teaches :** **Students:**

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



email or WhatsApp to stjohndl@sltnet.lk **077 106 4380**