

COMPANY	DOCUMENT NUMBER	DOCUMENT TITLE
Emcare (Pty) Ltd	MIS 00013 – V2	Level 5 BAA Programme Application
DATE ISSUED	REVIEW DATE	PAGES
09/01/2012	08/12/2015 (J.Delport)	Page 1 of 4
RESPONSIBLE PERSON	RESPONSIBLE PERSON	RESPONSIBLE PERSON
Rosslyn Prinsloo (Principal)	-	-
Emcare Training Academy commits itself to the proper implementation of standard 169A as set out by the Health Professions Council of South Africa.		GOVERNING BODY
		HPCSA

Please note: Complete this application form using black ink only. Print neatly and legibly. Failure to complete this application form in full will result in immediate non-approval of the candidate's application. **Please initial all pages of this application.**

Please ensure the following documents are attached: 4 copies of certified Identity documents, highest educational qualification, proof of payment for the registration deposit slip, any other supporting documentation (example – current HPCSA documentation).

Programme Name	LEVEL 5 BASIC AMBULANCE ASSISTANT COURSE				
Start Date		End Date		Time	:

Program Duration:	5 weeks
Price:	R12500-00
Booking Deposit:	R3500-00
MINIMUM ENTRY REQUIREMENTS	
School Qualification:	Senior Certificate
Language:	English (read, write and speak)
Age:	18 Years and older
Citizenship:	South African, or valid work VISA

EMCARE BANKING DETAILS	
Account Name:	Emcare (Pty) Ltd
Bank:	First National Bank
Account Number:	62107954134
Branch Code:	260226
Branch:	Polokwane
Account Type:	Current
Reference:	"BAA-(YOUR ID NUMBER)-(DEPOSIT DATE)"



Emcare Training Academy, 66A Dahl Street, Polokwane, 0699.
T: (015) 295 4578. F: (015) 295 4572. E: admin@emcare.co.za

PLEASE COMPLETE ALL INFORMATION REQUESTED

PERSONAL DETAILS					
Full Names and Surname:					
Identity Number:					
Date of Birth:					
Nationality:					
Contact Numbers:		Tel:		Cell:	
Physical Address:				VERIFICATION	
				Y	N
			Code:		
Postal Address:				VERIFICATION	
				Y	N
			Code:		
Next of Kin		Tel:			
		Cell:			
Medical Aid Name:		Number:			
Any known medical condition:					
Qualifications:				VERIFICATION	
		1		Y	N
		2		Y	N
		3		Y	N
Highest grade passed:				Y	N
School:				Y	N

REFUNDS

The booking deposit, college services fee and student activity fee paid by students is non-refundable. For this reason, we strongly recommend that before payment:

- Read all information about this program.
- Read all information about available date, times and type of training offered.
- Evaluate the quality of our program.
- Carefully select a time and date that will suite you.
- Do not allow children or other unauthorized family members or friends to interrupt your training schedule.



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Should you be not able to attend the training program the following rules will apply;

- Notify the college at least 30 days in advance to arrange alternative dates that will suite you.
- Should you wish not to attend the program you may bring another individual that will replace your booking, subject to approval by the Training Manager and/or Principal. This reqaplcement individual may refund you directly as the college does not do direct refunds.

By making a payment you acknowledge that you have read and agree to the above no refund policy.

The program consists of 5 weeks class time. No interruptions of any kind can and will be accepted. Ensure your availability at all times.

Declaration

I _____ hereby declare that the above information is true and correct and that the information is that of my own. I understand that should I present any incorrect information that at any time my course application will be withdrawn.

I understand that payment of the course does not automatically guarantee a course certificate at the end of the course.

Indemnity

I _____ hereby indemnify Emcare (Pty) Ltd and their employees, representatives, instructors or agents against any claim or claims for compensation of damage, loss or injury, fatal or otherwise however arising, including but not limited to any acts, omissions or default, whether sustained at Emcare (Pty) Ltd or in the course of any of the operational or practical aspects of the training exercises caused directly or indirectly to my belongings or me / properties, which indemnity shall extend to my dependence, estate or any person who so ever.

I hereby unconditionally waive any right that I may have against Emcare (Pty) Ltd its principal, instructors, servants, representatives or agents to claim damages of whatsoever nature however caused.

Negligence

I accept that I will be undertaking an instruction, tasks or exercises at my own sole risk and peril. Emcare (Pty) Ltd and their employees, representatives, instructors or agents may claim for compensation of damage, loss or injury, fatal or otherwise however arising due to any of my acts, omissions or default sustained at Emcare (Pty) Ltd or in the course of any of the operational or practical aspects of the training exercise



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Applicant Signature:	Date:

Wititness Signature:	Date:

FOR OFFICE USE

Documents attached and verified:

4x Certified ID Copies		Highest Educational Qualification		Other Documents		HPCSA Reg. Cert.	
NAME	SIGN	NAME	SIGN	NAME	SIGN	NAME	SIGN

I Rosslyn Prinsloo, as the principal of Emcare (Pty) Ltd have approved the Applicant for the following learning program;

LEVEL 5 BASIC AMBULANCE ASSISTANT COURSE

Principal/Training Manager Signature:	Date Approved:							
 						2	0	

