

## COURSE REGISTRATION FORM

**Dated: 21 July 2017**

**Complete this registration form & return it to Farrer Park Hospital Nursing Education & Training Department (FPH E&T) via email as soon as possible to avoid disappointment.**

**→ Terms & Conditions must be signed & returned to FPH Nursing E&T together with registration form.**

Organizer – Farrer Park Hospital Education & Training Department (FPH E&T) Contact Details		Contact Person Details (To send confirmation email)	
Address:	180 Kitchener Road, #08-02 City Square Mall. Singapore, 208539	Name:	
Telephone:	67052918 or 67052920	Organization:	
Fax no:	-	Department:	
Email address:	wongbee Cheng@farrerpark.com / kathlim@farrerpark.com / chinke wei@farrerpark.com	Email Address:	
Website:	-	Contact no:	




Course Details		Cost (includes GST)	
Course Title:		BCLS Certification: \$120	Code Blue Drill Facilitator Course: \$300
Date:		BCLS Re-Certification: \$80	Moderate Sedation Course for Nurses: \$180
Time:		CPR+AED Certification: \$120	IABP Simulation Workshop: \$150
Remarks (if any):		Basic ECG Interpretation Workshop: \$100	Temporary Cardiac Pacing Workshop: \$150
		12 Lead ECG Interpretation Workshop: \$150	

Participants Details								
S/n	Title	Name	NRIC / FIN No	Department	MCR no. (Drs only)	Email address	Contact No	BCLS expiry date (Please attach cert if issued from other training centre)
1.								<input type="checkbox"/> FPH-E&T / <input type="checkbox"/> Others
2.								<input type="checkbox"/> FPH-E&T / <input type="checkbox"/> Others
3.								<input type="checkbox"/> FPH-E&T / <input type="checkbox"/> Others

Mailing address			
Attention to:		Address:	
Org / Dept (if applicable):			

Method of Payment (Please <input checked="" type="checkbox"/> box below)			
<b>→ Please wait for our email to confirm your slot before making payment.</b>			
<input type="checkbox"/>	Cheque Payment	Payable to: <b>Farrer Park Hospital Pte Ltd</b>	<b>Remark:</b> Kindly indicate the following details at the back of the cheque: (1) Name (participant) (2) Purpose (3) Official receipt number

**This form must be read and signed below.**

<p><b>Cancellations and Deferments – must be advised in writing or via email</b></p> <ol style="list-style-type: none"> <li>Cancellation or postponement advised in email <b>5 working days</b> (excluding Saturday, Sunday &amp; Public Holiday) prior to the scheduled course date will not incur a financial penalty:             <ul style="list-style-type: none"> <li>Cancellations will be refunded in full</li> <li>An alternative course date selection can be made without financial penalty</li> </ul> </li> <li>Cancellations or deferments due to illness supported by a medical certificate will not incur a financial penalty.</li> <li>A refund will not be granted if a registrant fails to attend, cancel or request for deferments less than 5 working days prior to the scheduled course date.</li> <li>Full payment is required within 5 working days upon registration for individual who are self-paying.</li> <li>FPH Nursing E&amp;T department reserves the right to cancel planned courses. In the event of cancellation by FPH Nursing E&amp;T, all course fees will be refunded.</li> </ol>	<p><b>Participants Responsibility to FPH Nursing E&amp;T Department</b></p> <ol style="list-style-type: none"> <li>Participants cannot successfully complete the course unless they attend <b>all</b> the lectures and skills practice.</li> <li>Participants who are <b>late for more than 30 mins</b> from the stated start time will not be able to join the course and deemed as absent. Course fees will not be refunded.</li> <li>Participants are to arrange own parking.</li> <li>FPH Nursing E&amp;T will not be liable for loss of personal property.</li> </ol>						
<p><b>Privacy Statement</b></p> <p>FPH is committed to protecting your privacy and the confidentiality and security of personal information provided by you to us.</p> <p>The personal information you provide in this form will be used by FPH E&amp;T to:</p> <ul style="list-style-type: none"> <li>Process your registration form, which may include updating your record, profile information and issuing of certificate.</li> <li>Contact you in the event of cancellation or any further clarification relating to the course registration.</li> </ul>	<p><b><u>Declaration by Coordinator (if submission is by coordinator)</u></b></p> <p>By submitting the information set out in this form to us, I can confirm that I have obtained the consent from the individual(s) to provide you with their personal data for the respective purpose for which you are collecting this personal data.</p> <p>By providing the information set out in this form and submitting the same to you, I can confirm that I have read, understood and consent to the FPH Data Protection Policy, a copy of which is available at <a href="http://tfpc-office/LegalAffairs/Documents/Forms/AllItems.aspx">http://tfpc-office/LegalAffairs/Documents/Forms/AllItems.aspx</a></p> <p><b><u>Declaration by individual</u></b></p> <p>By providing the information set out in this form and submitting the same to you, I can confirm that I have read, understood and consent to the FPH Data Protection Policy, a copy of which is available at <a href="http://tfpc-office/LegalAffairs/Documents/Forms/AllItems.aspx">http://tfpc-office/LegalAffairs/Documents/Forms/AllItems.aspx</a></p>						
	<table border="1"> <tr> <td data-bbox="1115 1133 1328 1289">Signature:</td> <td data-bbox="1328 1133 2141 1289" style="text-align: right;">  </td> </tr> <tr> <td data-bbox="1115 1289 1328 1353">Print Name:</td> <td data-bbox="1328 1289 2141 1353"></td> </tr> <tr> <td data-bbox="1115 1353 1328 1409">Date:</td> <td data-bbox="1328 1353 2141 1409"></td> </tr> </table>	Signature:		Print Name:		Date:	
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