

COURSE REGISTRATION FORM

Complete this registration form & email it to **Farrer Park Hospital Nursing Education & Training Department**.

***Terms & Conditions must be signed & returned together with Course Registration Form.**

Farrer Park Hospital Nursing Education & Training Department					Contact Person Details (To receive confirmation email from FPH)			
Address:	City Square Mall 180 Kitchener Road, #08-02 Farrer Park Hospital Training & Education Centre Singapore 208539				Name:			
					Organization:			
Telephone:	6705 2918 / 2920 / 2914				Department:			
Email Address:	kathlim@farrerpark.com / wongbeecheng@farrerpark.com / zubaidahmohd@farrerpark.com				Email Address:			
Website:	http://www.farrerpark.com/hospital/NewsEvents/Pages/Events.aspx				Contact No.:			
Course Details					Cost (Includes GST)			
Course Title:					BCLS Certification: \$80			
Date:					CPR+AED Certification: \$80			
Time:					Basic First Aid Course: \$80			
Remarks (If any):					Integrated Life Support & First Aid Course: \$150			
Participants Details								
S/N	Title	Name	NRIC / FIN No.	Organization / Department	MCR No. (Doctors only)	Email Address	Contact No.	BCLS Expiry Date (Please attach cert if issued from other training centre)
1.								
2.								
3.								
Mailing Address								
Attention To:					Address:			
Org / Dept (If applicable):								
Method of Payment (Please ✓ box below)								
→ Please wait for our email to confirm your slot before making payment.								
<input type="checkbox"/> Cash Payment – Payment to be made on the day before course commences.								
<input type="checkbox"/> Cheque Payment – Payable to Farrer Park Hospital Pte Ltd (Cheque is to be presented on course day. Please indicate Participant's Name and Course Title at the back of the cheque.)								

This form must be read and signed below.

Cancellations and Deferments – Must be advised in writing or via email

1. Cancellation or postponement advised in email **5 working days** (excluding Saturday, Sunday & Public Holiday) prior to the scheduled course date will not incur a financial penalty:
 - Cancellations will be refunded in full.
 - An alternative course date selection can be made without financial penalty.
2. Cancellations or deferments due to illness supported by a medical certificate will not incur a financial penalty.
3. 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.
4. Full payment is required within 5 working days upon registration for individuals who are self-paying.
5. Farrer Park Hospital Nursing Education & Training (FPH Nursing E&T) Department reserves the right to cancel planned courses. In the event of cancellation by FPH Nursing E&T Department, all course fees will be refunded.

Privacy Statement

Farrer Park Hospital is committed to protecting your privacy and the confidentiality and security of personal information provided by you to us.

The personal information you provided in this form will be used by FPH Nursing E&T to:

- Process your registration form, which may include updating your record, profile information and issuing of certificate.
- Contact you in the event of cancellation or any further clarification relating to the course registration.

Participants Responsibility to FPH Nursing E&T Department

1. Participants cannot successfully complete the course unless they attend **all** the lectures and skills practice.
2. Participants who are **late for more than 30 mins** from the stated start time will not be able to join the course and will be deemed as absent. Course fees will not be refunded.
3. Participants are to arrange for their own parking if they are driving.
4. FPH Nursing E&T will not be liable for loss of personal property.

Declaration by Coordinator (If submission is by coordinator)

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.

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 Farrer Park Hospital Data Protection Policy , a copy of which is available at <http://www.farrerpark.com/hospital/Pages/pdpa.aspx>

Declaration by Individual

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 <http://www.farrerpark.com/hospital/Pages/pdpa.aspx>

Signature:

Name:

Date:

**Please
Sign Here**