

PARAMEDICAL REGISTRATION



OFFICE USE ONLY!

DOCUMENTATION	DATE RECEIVED:		ACCEPTANCE:	
	RECEIVED BY:		CLIENT NUMBER:	EMTSS 20 /
<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED		COURSE CODE:	

REGISTER FOR Please select with a \surd in the , the course/s you will be attending:

COURSE	DURATION	COST	DATES	COURSE CODE	REG. CLOSING DATE
BASIC	6 WEEKS 09:00 – 14:00	N\$ 9 400.00	<input type="checkbox"/> 20 January – 28 February 2020	B2001	10.01.2020
			<input type="checkbox"/> 02 March – 09 April 2020	B2002	10.02.2020
			<input type="checkbox"/> 01 June – 10 July 2020	B2003	10.05.2020
			<input type="checkbox"/> 20 July – 28 August 2020	B2004	10.06.2020
			<input type="checkbox"/> 07 September – 16 October 2020	B2005	10.07.2020
			<input type="checkbox"/> 26 October – 04 December 2020	B2006	10.09.2020
BASIC Supplementary / Refresher Course 21 CPD's	3 WEEKS 09:00 – 14:00	N\$ 3 000.00	<input type="checkbox"/> 24 March – 09 April 2020	BR2001	10.03.2020
			<input type="checkbox"/> 29 June – 10 July 2020	BR2002	10.06.2020
			<input type="checkbox"/> 28 September – 16 October 2020	BR2003	10.09.2020
			<input type="checkbox"/> 16 November – 04 December 2020	BR2004	10.11.2020
INTERMEDIATE	23 WEEKS 18:00 – 21:00	N\$ 23 500.00	<input type="checkbox"/> 06 July – 11 December 2020 NIGHT CLASSES	IN2001	20.05.2020

SECTION A

Title Mr. Mrs. Ms. Other

Gender Male Female

Initial(s)	
Surname	
First Name(s)	
Identification Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Postal Address	
Physical Address	
Email Address	
Contact Number	<input type="text"/> M
Region current stay in?	

PLEASE TICK \surd

<input type="checkbox"/>	Grade 10 / Junior Secondary Certificate	Points:	
<input type="checkbox"/>	Grade 12 / Senior Secondary Certificate	Points:	

Terms and Conditions:

(Compulsory when applying for the Emergency Care Practitioner BASIC – Course)

1. Certified copy of school certificate **must be attached.**
2. Applicant **must be 18 years** or older
3. Applicant must have a **Grade 12 certificate with a English symbol in E or higher**

[Compulsory when applying for the Emergency Care Practitioner INTERMEDIATE – Course]

1. Must write an entry examination. [50% Pass mark]
2. Original testimonial letter of completion on practical training. **One year service [employment] as a registered ECP BASIC.**

FIRST AID CERTIFICATE

YES NO

Company obtained from? _____

Course / certificate date? _____

Certificate Number _____

SECTION B

Employment Status:

Employed Unemployed Self-Employed Student

Does the applicant have any experience working for an Emergency Medical Service?

YES NO

SECTION C **[Applicable for Intermediate Registration Only]**

Where did you complete the Emergency Care Practitioner Basic course?

Training Institution	Country	Date Starting	Date Ending

Practical Training / Experience:

Hospital / EMS	Department	Position	Town	Dates

SECTION D

Important for EMTSS facilitators to know:

Knee problems / Injuries Back Injury / Problems Pregnant: Weeks _____
 Medical [E.g. Epilepsy, Allergies] Other / Family History? _____

Who to call in case of an emergency:

Name & Surname	
Contact Number(s)	
Relationship	

SECTION E

Where did you hear about EMTSS:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Attended Previously | <input type="checkbox"/> Company | <input type="checkbox"/> Email received from EMTSS |
| <input type="checkbox"/> Referred by other | <input type="checkbox"/> Social Media | <input type="checkbox"/> EMTSS Website |
| <input type="checkbox"/> Word by mouth | <input type="checkbox"/> Other: _____ | |

SECTION F

The following document **MUST** be certified and attached to application form; **[COMPULSORY]**

ECP – Basic:

- Certified copy of Identification Document / Passport / Birth Certificate
- Certified copy of Grade 10 certificate **[Successful with 23 Points]**
- Certified copy of Grade 12 certificate
- First Aid Class A certificate [current] **[Only compulsory if applicant do not have Grade 12]**

ECP – Intermediate

- Certified copy of Identification Document / Passport / Birth Certificate
- Certified copy of Grade 10 certificate **[Successful with 23 Points]**
- Certified copy of Grade 12 certificate
- Hepatitis B Vaccination Card / Record
- Emergency Care Practitioner Basic Certificate [current]
- Certified copy of HPCNA Registration Card [current]
- Original letter of completion on practical training. **One year service [employment] as a registered ECP BASIC**

SECTION G

Course Fees

It is required that a deposit of 80% of the total course fees be paid within 30 days before starting date of course.

- Emergency Care Practitioner BASIC = N\$ 7 000.00 [total cost – N\$ 9 400.00]
No payment plan available –
The amount needs to be settled before course commencing will be approved.
- Emergency Care Practitioner INTERMEDIATE = N\$ 18 000.00 [total cost – N\$ 23 500.00]
Payment plan required for the Emergency Care Practitioner Intermediate?
 YES NO
The outstanding amount needs to be settled before course commencing will be allowed.

Rewrites / Supplementary opportunities

1. Applicant will pay a fee of **N\$ 3000.00** when the student is **Not Yet Successful**. The students will have [2] two remedial attempts as per above dates, which will include all subjects **(Successful and Not Yet Successful)**.
2. Should you be found Not Yet Successful in any subject with the second [2nd] attempt, you are required to retake the course with the required financial implications in full.
3. **Mark allocations for courses** - Three [3] examinations consisting of a theory paper [Class test evaluations comprise 30% of the final result and the Final - ECP Basic and Mid-term ECP – I will count 70% towards total final result, with the **overall pass mark of 50%** required on final result], practical OSCE [objective skills clinical evaluation] [pass mark of 75%] and practical simulation [scenario based] [pass mark of 50%]. **The exams will be held over three [3] days.**

Cancelation Policy

The following percentage will be deducted as an administrative fee on all cancellations prior to starting date of Course;

- 25% on 28 calendar days
- 50% on 21 calendar days
- 100% on 14 calendar days

Terms and Conditions:

Cancellations must be submitted in writing to the Training Coordinator or training@emtss.com accompanied by the following to ensure refund;

1. Cancellation Letter signed by the Applicant
2. Bank Statement with Banking Details
3. Certified Copy of Identification Document
4. Refunds will be done within 7 to 10 working days
5. Refunds will be made by Electronically Transfer or Bank Deposit. No CASH Refunds

EMTSS Banking Details:

Bank: First National Bank
 Branch Code: 289-375
 Branch Name: Grove
 Account Number: 6225 9351 709
 Reference: Course Code and YOUR Surname
 Type of Account: Business Chq

The image shows a scanned 'Account Deposit' form from FNB (First National Bank). The form is partially filled with handwritten information in red ink. The fields include: Account Name (EMTSS), Branch (GROVE), Branch No. (289375), Account No. (62259351709), Reference (B18.01.00050505), and Type of Account (checked for Cheque). The form also features the FNB logo and some smaller text at the top.

3.5% Interest will be charged on all Cash Bank Deposits

SECTION H

Terms and Conditions:

1. Applicant will receive course material once payment is settled in full or on the first day of the course.
2. Applicant will not be allowed to attend any class if full payment is not received.
3. Applicant may wear comfortable but appropriate cloths – there will be practical simulations with bending and kneeling on the floor throughout the training.
4. Applicant must present his/her own stationery. [E.g. Pen, pencil, note book etc.]
5. Should a person not be able to bend, or work on the floor [disabled / medical condition], please inform the training coordinator on the application, to discuss probable solutions and opportunities?
6. No results/certificate will be provided if the account is not settled in full.
7. EMTSS reserves the right to alter the date/venue should it be deemed necessary.
8. Please note a minimum of twelve [12] participants for the Intermediate course must be met before the course will be conducted, should this not be met by the **20th of May 2020** the course will be cancelled.

ALL SECTIONS must please be completed **BEFORE** this application form will be approved and accepted by EMTSS.

Herewith I the undersigned acknowledge that I understand the program requirements for which I have applied and that there will be cancellation / withdrawal administrative fees involved.

Name: (In Print)

Signature:

Date:

INDEMNITY

I/We _____ ID Number _____
(Hereinafter referred to as the “indemnifier”)

Hereby indemnify and hold EMTSS Cc harmless.

I acknowledge, to the best of my ability, that I am in good health and have no known medical problems that would restrict my ability to participate in EMTSS activities. I recognise that participation in physical activity involves the risk of injury / damage and or / loss, to my person or my property. I acknowledge that whilst I participate, I do so entirely at my own risk and:

1. I accept all risks and hereby indemnify and release the trainer, their agents, affiliates, employees, members, sponsors, promoters, and any person or body directly or indirectly associated with the trainer, against all liability (including liability for their negligence and the negligence of others) claims, demands, and proceedings arising out of or connected with my participation in this activity.
2. This release and indemnity continues forever and binds my heir, successors, executors, personal representatives and assigns.
3. I acknowledge that that participation in this activity may involve risk of serious injury or even death from various causes including (but not limited to) equipment failure, and accidents with equipment and surroundings.
4. I recognise the difficulties associated with the activity and attest I am physically fit to participate safely in the activity and that a qualified medical practitioner has not advised me otherwise. By continuing to participate in this activity I accept the risks despite these conditions (if any) and am still, and will always, be under the terms of this agreement.
5. I certify that I am 18 years or older and that I have read this document and **fully understand it**. OR As a parent or guardian of the participant (a) I agree to the above for myself and on behalf of the participant and (b) I indemnify and will keep indemnified any person or body directly or indirectly associated with the conduct of the activity on the terms referred to above.

The indemnifier choose as its domicilium citandi et executandi (“house for summoning and upkeep”) for all purposes hereof the following address:

SIGNED at _____ on the _____ day of _____ 20 _____

INDEMBIFIER: NAME

SIGNATURE

WITNESS / PARENT GARDIAN: NAME

SIGNATURE

EMTSS Terms and Conditions

1. **A formal purchase order or proof of payment is required as acceptance of a quotation.**
No verbal acceptances will be used to book training.
2. **Course bookings will only be made once a fully completed booking form has been received by EMTSS** with proof of payment for the training as per payment agreement.
3. **Failure to provide proof of payment will result in the forfeiture of any reserved dates.**
4. a. Cancellation fees will be charged on any booking for course **less than 5 days in duration**, not cancelled at least 72 hours (3 working days) before training date for **Windhoek training**.
 - **48 hours** cancellation will incur **50% payment loss**
 - **24 hours** cancellation will incur **100% payment loss**
 - Cancellation of **cross-country / national courses must be done 7 working days** in advance or it will incur 100% payment loss
- b. Cancellation fees will be charged on any booking for course **more than 5 days in duration**, not cancelled at least 30 days before training date for **Windhoek training**.
 - **28 days** cancellation will incur **20% payment loss**
 - **21 days** cancellation will incur **80% payment loss**
 - **14 days** cancellation will incur **100% payment loss**
5. Course fees do not include travel, accommodation, flights, visas, site establishment or any other costs that might be incurred by the student / candidate to be at the venue for training.
6. Prices stated on the price list and quoted on are subject to change without prior notice.
7. Prices are quoted including vat unless otherwise stated. **Prices outside of Windhoek** will differ based on distance, mode of travel, venue and accommodation.
8. The period of validity for a quotation is 30 days unless otherwise stated.
9. Dates for **unconfirmed bookings** are subject to change without prior notice.
10. **If fewer candidates than the amount stated on the order, or no candidates, are present at any time of the course then the course order will be invoiced** as per the placed order according to the bookings form or purchase order.
11. **If insufficient numbers of candidates** are confirmed for a booked course, the **dates are subject to change**.
12. Candidates will not receive their certificates or be registered without full payment being received.

13. In the event of a dispute regarding the attendance of a candidates or group of candidates, the burden of proof shall lie with the client and/or the candidates who contend attendance.
14. Candidates who fail to hand in a test, portfolio of evidence or assignment at the conclusion of the course will not be found competent due to a lack of evidence and will still be liable for payment of course.
15. Where no contingencies have been made regarding weather that is not safe to train in and such weather could reasonably be expected then the full amount for the course is still payable.
16. EMTSS and/or its facilitators and assessors reserve the right to require a candidate to leave the course if such a candidate, in the opinion of the facilitator, constitutes a disruption or danger to him/herself or other persons.
17. The acceptance of candidates on a course may be subject to a candidate's medical fitness. Candidates are required to ensure capability to perform the required skills on all training courses and may be requested to produce a certificate of medical fitness before training commences and those who are requested but fail to do so will be refused acceptance onto a course.
18. Working at Heights & Rope Rescue Techniques Course - Candidates who weigh more than 130 kg will be refused entry to the course due to the limitations of the equipment. No leniency in this regard.
19. No pregnant woman will be accepted onto any course/s – e.g. Working at Heights, Rope rescue techniques, Emergency Care Practitioner Basic & Intermediate, or any course that is considered dangerous to the fetus or mother.
20. The instructions of a facilitator, while candidates are performing skills, are to be obeyed at all times.
21. Candidates are not permitted to be involved with other tasks for the duration of the training.
22. Where training is presented at a site of the clients choosing, the client has the responsibility to supply a suitable (certified as required) training structure for the entire duration of the course, as well as a suitable classroom or conference room. This must be in accordance with all the off-site requirements as per the communication by EMTSS.
23. EMTSS reserves the right to limit the number of candidates on a course presented at the client site.
24. Facilitators have the right to refuse to carry out any training on a structure, or in an area that, in the facilitator's opinion, is unsafe or otherwise unsuitable for learning.
25. Candidates are to supply their own PPE (Gloves, Overalls, boots, etc.) for working at heights, high / low angle rope techniques, mechanical advantage systems and light motor vehicle rescue training.

Candidates arriving without PPE will not be turned away, however EMTSS will not take any responsibility for any injuries arising out of lack of PPE. EMTSS will provide all training equipment for course applied.
26. Candidates are to provide their own meals and refreshments for the duration of the training, unless otherwise arranged.

27. Candidates must arrive prepared for training (including partaking in practical sessions – could mean lying on the floor to simulate a patient, putting out a fire, climbing a structure) and be dressed appropriately.
28. Where sufficient candidate information has not been provided (i.e. copy of ID, telephone number, and employer), EMTSS will not accept responsibility for delays in certification.
29. All training is delivered in ENGLISH, unless otherwise arranged. Should the candidate not be able to read or write English, then it is the clients' reasonability to inform the EMTSS training coordinator in advance of possible communication barriers and provide a translator for their candidates at their own cost.
30. These terms and conditions are subject to change from time to time. Proof of terms and conditions for a specific order may only be proven if the terms that accompanied a quote that was accepted during its validity period can be produced by the disputing party.
31. EMTSS will not be liable for any indirect or unusual losses suffered as a result of defects or and loss of any kind owing to negligence or intent on the clients part, including any fault of an employee, officer or agent of the client.
32. Any additional terms and conditions stipulated elsewhere on the quotation shall also be applicable.
33. Certificates are to be COLLECTED at EMTSS, unless otherwise prearranged (in Windhoek) and delivery cost outside of Windhoek will be for clients' account.
34. In all agreements, the Law of the Republic of Namibia shall prevail in terms of sale of training service.
35. Placement of booking confirmation, purchase order and/or full payment of any training with EMTSS will be deemed as an automatic acceptance of all terms and conditions.
36. Candidates with disabilities may apply for courses with EMTSS but will only be accepted after full inquiry into disability and type of course applied for. Please ensure that disabilities or medical concerns have been mentioned on the application form to avoid refusal from a course.
37. EMTSS training – 08h00 registration, 08h30 class commence, after 09h00 no candidate will be allowed entry into any course (unless prior arrangements has been made with instructor). Please ensure your time is correct and you are aware of the training venue beforehand.

Herewith I/we acknowledge that I understand the program requirements for which I have applied and that there will be a cancellation / withdrawal administrative fees involved.

Name

Signature

Date



Emergency Management Training & Specialist Services

● Tel: +264 61 245 425 ● Cell: +264 81 127 9033 ● Fax-to-Email: +264 88 640 520
 ● E-mail: info@emtss.com ● P.O. Box 86227, Eros, Windhoek, Namibia
www.emtss.com

FIRST AID

FIRE FIGHTING

EMERGENCY CARE

WORKING @ HEIGHTS





No. 29599

Client Number 067300

ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA

(Established by the Allied Health Professions Act, 2004 (Act No. 7 of 2004))

CERTIFICATE OF REGISTRATION

THIS IS TO CERTIFY THAT

FACILITY NAME : EMERGENCY MANAGEMENT TRAINING AND
SPECIALIST SERVICES CC

REGISTRATION NO. : ECB00003

is approved in terms of the Allied Health Professions Act, 2004 (Act No. 7 of 2004)

as a training facility for

Student Emergency Care Practitioner (Basic) and (Intermediate)

for a period of three (3) year(s) calculated from

16 April 2019

REGISTRAR
WINDHOEK



35/37 Schönlein Str.
Windhoek West



FNB
First National Bank

How can we help you?

FIRST NATIONAL BANK
OF NAMIBIA LTD.
MAERUA MALL
27 APR 2019
Mentions Recorded
23-23-73

FNB MAERUA MALL - BUSINESS
Shop no 17, Ground Floor, Maerua Mall
Jee Jonke Road
P.O. Box 0177, Ausspanplatz
WINDHOCK, NAMIBIA
info@fnbnamibia.com.na
Web address: www.fnbnamibia.com.na
SWIFT: FNBNAZ00
Tel: +264 61 233 7838

27 April 2019

To whom it may concern,

CONFIRMATION OF BANK ACCOUNT

The above subject matter has reference;

At the request of our client, we hereby confirm that **Emergency Management Training And Specialist Services CC**, Registration Number **CC/2011/3107** is conducting a satisfactory account in our books since 30th September 2016.

Kindly find our client's banking details below:

Account Name:	Emergency Management Training And Specialist Service CC
Account Number:	62259351709
Account Type:	Platinum Business Cheque
Branch Number:	289375
Branch Name:	Grove Mall

Should you require any further information, please do not hesitate to contact the undersigned.

Yours faithfully

FIRST NATIONAL BANK OF NAMIBIA
LTD. MAERUA MALL



Relationship Analyst - Business

Sophia T Shivute (Mrs.)
Relationship Analyst - Business
Maerua Mall Branch

E Zaamwali-Kamwi (Chairperson), SH Moir** (Deputy-Chairperson), OLP Capelao, JG Dasin, CLR Hakkil, JH Hausku, Adv. GS Hinda, JR Khethe*, GCP Kruger*, IN Nashandi, SJ van Zyl (Chief Executive)
*South African
**South African with Namibian Permanent Residence
Company Secretary: N Ashipala

First National Bank of Namibia Limited, Reg. No. 000501885