



# Academy of Advanced Life Support



PO Box 73241, Fairland, Johannesburg, 2030  
 Tel: (011) 478 1874 • Cell: 082 558 3557 • Fax: (086) 606 1520  
 www.advancedlifesupport.co.za • carmen@resus.co.za

**AMLS**  
 Advanced  
 Medical  
 Life Support

**ACLS**  
 Advanced  
 Cardiovascular  
 Life Support

## 2020 Registration Form

**PALS**  
 Paediatric  
 Advanced  
 Life Support

**ANLS**  
 Advanced  
 Neonatal  
 Life Support

Surname: ..... Title: Prof/Dr/Sr/Mr/Mrs/Ms.....  
 First Name:..... Middle Initial: .....  
 Calling Name (For name tag): .....  
 Address (Work) ..... Postal Code:.....  
 Address (Home) ..... Postal Code:.....  
 Preferred Courier Address: (Must be a physical address) ..... Postal Code:.....  
 Telephone numbers: Work (code ) ..... Home (code ) .....  
 Fax numbers: Work (code ) ..... Home (code ) .....  
 Cellphone number: ..... E-mail address: .....

Qualifications	Institution	Date
.....	.....	.....
.....	.....	.....
.....	.....	.....

**HPCSA REGISTRATION NUMBER:** ..... **Identity Number:** .....

### Summarized C.V. (Last 3 years)

Present position held: .....  
 Previous positions held: .....  
 Other courses attended: .....

### BASIC LIFE SUPPORT CERTIFICATE

**VERY IMPORTANT:** IF PREVIOUSLY DONE, COPY OF VALID CERTIFICATE **MUST** BE ATTACHED:

AHA Basic Life Support Healthcare Provider Certificate No ..... Dated ..... Issued by .....

### I heard of this Course through (Please tick relevant blocks):

Sent by employer  Recommended  Other   
 Advertisement  Brochure  (Specify).....

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## DATE OF COURSE BOOKING

<input type="checkbox"/>	.....	5 hour Basic Life Support for Healthcare Providers Course
<input type="checkbox"/>	.....	2-Day Paediatric Advanced Life Support (PALS) Provider Course
<input type="checkbox"/>	.....	2½- Day Advanced Cardiovascular Life Support (ACLS) Provider Course
<input type="checkbox"/>	.....	2-Day Advanced Cardiovascular Life Support for Experienced Providers Course
<input type="checkbox"/>	.....	2-Day Paediatric Advanced Life Support for Experienced Providers Course
<input type="checkbox"/>	.....	2-Day Advanced Medical Life Support (AMLS) Course for Doctors
<input type="checkbox"/>	.....	1-Day Emergency ECG and Pharmacology Course
<input type="checkbox"/>	.....	1-Day Advanced Neonatal Life Support (NRP) Course

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## UNDERTAKING

Enclose an EFT/credit card number payable to **ACADEMY OF ADVANCE LIFE SUPPORT**. (Textbooks will be forwarded on receipt of payment). I understand that I will be required to pass the entry examination in order to successfully complete the course.

(It is recommended that the Textbook be obtained at least 6 weeks prior to Course participation to allow sufficient time for self-study)

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Mark appropriate blocks (All prices include VAT):

<input type="checkbox"/>	R1000.00	5 hour Basic Life Support for Healthcare Providers Course
<input type="checkbox"/>	R3600.00	2-Day Paediatric Advanced Life Support (PALS) Provider Course
<input type="checkbox"/>	R3600.00	2½- Day Advanced Cardiovascular Life Support (ACLS) Provider Course
<input type="checkbox"/>	R3700.00	2-Day Advanced Cardiovascular Life Support for Experienced Providers Course
<input type="checkbox"/>	R3600.00	2-Day Paediatric Advanced Life Support for Experienced Providers Course
<input type="checkbox"/>	R3700.00	2-Day Advanced Medical Life Support (AMLS) Course for Doctors
<input type="checkbox"/>	R1400.00	1-Day Emergency ECG and Pharmacology Course
<input type="checkbox"/>	R2500.00	1-Day Advanced Neonatal Life Support (NRP) Course
<input type="checkbox"/>	R150.00	COURIER FEE (outlying areas to please ask for a quote)

### PAYMENT BY DIRECT DEPOSIT:

ACCOUNT NAME: ACADEMY OF ADVANCED LIFE SUPPORT.

STANDARD BANK, NORTHCLIFF.

BRANCH CODE: 006305.

ACCOUNT NUMBER: 201 675 781. REFERENCE: Your name & course date

### TERMS AND CONDITIONS

**Cancellation more than 1 month prior to Course - 75% REFUND**

**Postponement Fee : R1500.00**

**Cancellation less than 1 month prior to Course - NO REFUND**

**Add R350.00 if certificates printed**

**Failure to attend Course – NO REFUND**

**(Only one postponement will be allowed)**

I confirm acceptance of the terms and conditions of participation and postponement conditions.

Signed ..... Dated .....

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Please complete & email to : PROF. W. KLOECK. ACADEMY OF ADVANCED LIFE SUPPORT . PO BOX 73241, FAIRLAND, JOHANNESBURG 2030  
Tel (011) 478-1874 • Fax (086) 604-9910 • Email: carmen@resus.co.za

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