

EAST JAMAICA CONFERENCE OF SEVENTH-DAY ADVENTISTS
HEALTH MINISTRIES DEPARTMENT (876) 924-1061-5 or (876) 619-2855, Ext. 269 / 252
ADULT, INFANT & CHILD FIRST AID/CPR APPLICATION FORM

INSTRUCTIONS: Please provide all information requested. Payment must be completed before day two of the training. A receipt must be submitted along with your application form.

A. APPLICANT'S PERSONAL INFORMATION:

- i) NAME: _____
 Last First Middle
- ii) ADDRESS: _____

- iii) Email: _____ iv) Telephone: (876) _____
- v) Age Group Tick (✓): 15-25 years 26-35 years 36 – 50 years Over 50 years
- vi) Marital Status, Tick (✓) Applicable Box: Single Married Other
- vii) Gender Tick (✓) Applicable Box: Male Female viii) Occupation: _____

B. CHURCH INFORMATION:

- ix) _____
 a) Name of Church b) Name of Pastor
- x) Are you a Seventh-day Adventist? Yes No xi) If yes, for how long? _____ years/months
- xii) Main Position at church: _____
- xiii) State how you will use the information from this training to help others; (be specific in your answer).

- xiv) Do you know of any known condition that would prevent you from completing this certificate training programme? If yes, please explain: _____

- xv) Applicant's Signature: _____ xvi) Date: _____

FOR OFFICIAL USE ONLY

Registration/Training fee, \$9,600	Registration #: _____	Date: _____
Amount Paid: \$ _____	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> chq# _____	Receipt #: _____
Balance Due \$ _____	Final Payment Date: _____	
Approved: <input type="checkbox"/>	Disapproved: <input type="checkbox"/>	Date: _____
Approved by: _____	Signature: _____	Date: _____