

ST. JOHN AMBULANCE OF MALAYSIA

NORTH EAST AREA, STATE OF PENANG

AIR ATTENDANTS COURSE



Date: 6th to 7th June 2009

COURSE REGISTRATION FORM (Closing date 10th May 2009)

Name _____ Gender Male Female
I/C No. _____

Address _____

E-Mail _____ Mobile Phone _____

Food Requirement Vegetarian Non-Vegetarian
Alt. Contact No. _____

Position in SJAM _____ Rank _____

Division _____ Area _____ State _____

Date of passing Advance First Aid or Higher Qualification _____
(Please attach AFA Certificate or other supporting Document)

Date of passing Basic Home Nursing or Higher Qualification _____
(Please attach BHN Certificate or other supporting Document)

I declare that all information provided is true, and I do not have any underlining medical condition that prohibit me from Air-Born activities. I understand that it will be the authority of the organising committee to accept my application. Please register me for the following

RM50 - AIR ATTENDANTS COURSE RM80 - AIR ATTENDANTS COURSE +ACCOMODATION (Twin Sharing)

With attach is RM50 RM80 (Cash/Cheque/Postal Order/Banker's Cheque) Ref No. _____
payable to **ST. JOHN AMBULANS MALAYSIA, NEGERI PULAU PINANG**

Signature of Applicant

Verification By State / Area Commander

Remark: Only Application with complete form, supporting document & payment will be process

For Secetariat use :

Date of Application Receive :

Receipt No.

Application

Process by : Accepted Rejected

