

First Aid Course



APPLICATION FORM

1. PARTICIPANT'S INFORMATION

SURNAME	<input type="text"/>	<input type="radio"/> MR	<input type="radio"/> MRS	<input type="radio"/> MISS
FORENAMES	<input type="text"/>	TEL OFFICE	<input type="text"/>	
JOB TITLE	<input type="text"/>	TEL MOBILE	<input type="text"/>	
NIC NO.	<input type="text"/>	EMAIL	<input type="text"/>	

(COPY OF NIC TO BE ATTACHED)

2. QUALIFICATIONS (Please tick as appropriate)

SC HSC OTHERS

3. COMPANY DETAILS

COMPANY NAME	<input type="text"/>	<input type="radio"/> MEMBER	<input type="radio"/> NON MEMBER
ADDRESS	<input type="text"/>		
CONTACT PERSON	<input type="text"/>	MOB	<input type="text"/>
TEL	<input type="text"/>	FAX	<input type="text"/>
EMAIL	<input type="text"/>		

4. DETAILS OF WORKSHOP

WORKSHOP	DATES	TIME	FEE (RS)	SPECIAL FEE FOR MEMBER (RS)
First Aid Course	28, 29, 30 July, 2, 3, 4, 5 & 6 August 2021	13:00 to 16:15	Rs12,000	Rs10,000

5. PAYMENT DETAILS (Please fill in)

CHEQUE CASH

(Cheques shall be drawn to the order of Business Mauritius and shall accompany the Application Form. Payment shall be made at latest by the registration date.)

SIGNATURE	<input type="text"/>
DATE	<input type="text"/>



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