

Course Registration Form

Caregiving Skills / Emergency Skills

PART I: CAREGIVING SKILLS

CLASS BASED:

- BCT – 707: Basic Caregiving Training at Home Environment*
- CERT – 9101: Certificate in Caregiving of the Elderly & Disability*
 - Module 1: CERT – 9110 – AED: Accidents & Emergencies Care for the Elderly & Disability (with CPR + AED Training Program)*
 - Module 2: CERT – 9110 – PHG: Personal Hygiene & Grooming*
 - Module 3: CERT – 9110 – PUC: Pressure Ulcer Care*
 - Module 4: CERT – 9110 – TRF: Transferring, lifting & moving techniques with or without equipment*
 - Module 5: CERT – 9110 – SUP: Support Care Recipients to meet their needs & Basic Medication Management*

HOME BASED:

- HBT – 501: Home Based Caregiving Training*
- HOME – 9110 – FAED: Accidents & Emergencies Care for the Older Person & Disability (with CPR + AED)*
- HOME – 9110 – PUC: Pressure Ulcer Care*
- HOME – 9110 – TRF: Transferring, lifting & moving techniques with or without equipment*

Preferred Training Date(s) / Schedule: **1st Choice:** _____ **2nd Choice:** _____

PART II: INFANT & EARLY CHILD CAREGIVING SKILLS

- CERT – 1010: Certificate in Caregiving of Infant & Early Child*
 - CERT – 1011 – AECH: Accidents & Emergencies Care for the Infant & Child*
 - CERT – 1012 – BDLP: Basic Child Psychology – Early Childhood Development*
 - CERT – 1013A – PHGF: Personal Hygiene & Grooming (Infant stage) – **Selective Module***
 - CERT – 1013B – BDOD: Basic Understanding of Childhood Disorder – **Selective Module***

Preferred Training Date(s) / Schedule: **1st Choice:** _____ **2nd Choice:** _____

PART III: EMERGENCY SKILLS

FIRST AID TRAINING PROGRAM / LIFE SAVING SUPPORT PROGRAM

- | | |
|---|---|
| <i>Standard First Aid (SFA)</i> <input type="checkbox"/> | <i>Standard First Aid (SFA) & CPR + AED (SFA + AED)</i> <input type="checkbox"/> |
| <i>Refresher Standard First Aid (RSFA)</i> <input type="checkbox"/> | <i>Refresher Standard First Aid (SFA) & CPR + AED (RSFA + AED)</i> <input type="checkbox"/> |
| <i>First Aid for the Elderly (FAE)</i> <input type="checkbox"/> | <i>First Aid For the Elderly & CPR + AED (FAE + AED)</i> <input type="checkbox"/> |
| <i>Basic Cardiac Life Support (BCLS)</i> <input type="checkbox"/> | Refresher / Re – Certification <i>Basic Cardio Life Support (RBCLS)</i> <input type="checkbox"/> |
| <i>CPR + Automated External Defibrillation (CPR + AED)</i> <input type="checkbox"/> | NEW: <i>CPR + AED Instructor Training Course</i> <input type="checkbox"/> |

Preferred Training Date(s) / Schedule: **1st Choice** _____ **2nd Choice:** _____

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Trainee's Particular

Full Name of Trainee : _____ Gender : F / M

(as it appears in the NRIC / Passport. Please underline surname)

NRIC/FIN/Passport No.: _____ Date of Birth: _____ (dd/mm/yy)

Nationality: _____ Country of Birth : _____

Highest Education Level Attained:

Primary / Secondary / GCE ('N' or 'O') / ITE or Certificate / GCE 'A' / Diploma / Degree or above

Mailing Address: _____

Post Code: _____

Contact No. (Mobile): _____ Home / Office: _____

Trainee's Occupation: _____ Email: _____

(course notification will be sent via emails)

Name of Emergency Contact Person:

Contact Person : _____ Contact No. _____

How to submit this Registration Form:

- Email: training@sgcaregiver.org or Post: 20 Peck Seah Street #05 – 00 Singapore 079312

Payment: Method 1: By Cash

Method 2: Online / Fund Transfer (will provide the local bank details by requested)

Method 3: By Cheque

- Write down the Name of Course / Course Date / Name of Trainee on behind of the cheque
- Make the cheque payable to: **Singapore Caregiver Training & Consultancy Pte. Ltd.**
- Mailing address:**

Singapore Caregiving Academy: 20 Peck Seah Street #05 – 00 Singapore 079312

Declaration

I hereby wish to participate in the above training and certify that the information provided is correct. I will not hold Singapore Caregiver Training & Consultancy Pte. Ltd. responsible for any mishaps occur during my participation. **I fully accept that there will be no fee refunded for cancellation made within 7 working days prior to course commencement.** Any request for replacement of trainee or postponement of course is to be made in writing to Singapore Caregiver Training & Consultancy Pte. Ltd. at least 7 working days before the course commencement.

Signature of Trainee _____

Name of Trainee : _____

Date : _____

Signature of Witness (optional): (i.e. Helper's Employer) _____

Name of Witness: _____

Date : _____