

Advanced Life Support Course Course Centre Application Form



Please complete and return this form to the ARC at the address shown below

Course Centre Details

Name of Course Centre		
Organisation (eg. Hospital/University)		
Address <i>Please note that the first line of the address will appear as the location of the course on the candidates' certificates</i>		
	Postcode	

Contact Details for Course Administration

Name of Course Director/Co-ordinator		
E-mail		
Telephone		
Address <i>(if different from above)</i>		
	Postcode	

Outline the reasons why you are applying for ALS Course Centre status.	
What are the occupations of your intended candidate base?	
How many candidates do you anticipate to attend per course?	
How many courses do you anticipate to run per year? (please supply dates if you have them)	
Proposed Course Director(s) (name, job title and workplace)	

I wish to apply to run the ALS Course at the above Course Centre. I agree on behalf of the Course Centre to comply with the ALS Course Regulations as set out by the Australian Resuscitation Council.	
Signed	
Name/job title/workplace	
Date	