

# 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

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

## Contact Details for Course Administration

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

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

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.	
<b>Signed</b>	
<b>Name/job title/workplace</b>	
<b>Date</b>	