



## ILS Provider Course Centre Application Form

Please complete this form and return it to the ILS Course Co-ordinator at the address below.

### Course Centre Details

<b>Name of Course Centre</b>		
<b>Organisation (eg. Hospital, University)</b>		
<b>Address</b>		
	<b>Postcode</b>	

### Contact Details for Course Administration

<b>Name of Course Co-ordinator</b>		
<b>E-mail address</b>		
<b>Telephone number</b>		
<b>Address (if different from above)</b>		
	<b>Postcode</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>Please indicate how many courses you would like to run per year with prospective dates</b>		
<b>Proposed Course Director (Name/Job title/Workplace)</b>		
I wish to apply to run the ILS Course at the above Course Centre. On behalf of the Course Centre I agree to comply with the ILS Course Regulations as set out by the Australian Resuscitation Council.		
<b>Signed</b>		
<b>Name/Job title/Workplace</b>		
<b>Date</b>		