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 – BDP: 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**

- Standard First Aid (SFA)
- Refresher Standard First Aid (RSFA)
- First for the Elderly (FAE)
- Basic Cardiac Life Support (BCLS)
- CPR + Automated External Defibrillation (CPR + AED)
- Refresher / Re – Certification Basic Cardiac Life Support (RBCLS)

**NEW:** CPR + AED Instructor Training Course

Preferred Training Date(s) / Schedule: 1st Choice: __________________  2nd Choice: __________________
# Course Registration Form

## Caregiving Skills / Emergency Skills

<table>
<thead>
<tr>
<th>Trainee’s Particular</th>
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<tbody>
<tr>
<td><strong>Full Name of Trainee:</strong></td>
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<tr>
<td><em>(as it appears in the NRIC / Passport. Please underline surname)</em></td>
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<tr>
<td><strong>NRIC/FIN/Passport No.:</strong></td>
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<tr>
<td><strong>Nationality:</strong></td>
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<tr>
<td><strong>Highest Education Level Attained:</strong></td>
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<tr>
<td>Primary  / Secondary  / GCE (‘N’ or ‘O’)  / ITE or Certificate  / GCE ‘A’  / Diploma  / Degree or above </td>
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<tr>
<td><strong>Mailing Address:</strong></td>
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<td><strong>Contact No. (Mobile):</strong></td>
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<tr>
<td><strong>Trainee’s Occupation:</strong></td>
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<td><strong>Name of Emergency Contact Person:</strong></td>
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**How to submit this Registration Form:**

- Email: [training@sgcaregiver.org](mailto: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.

<table>
<thead>
<tr>
<th>Signature of Trainee</th>
<th>Signature of Witness (optional): (i.e. Helper’s Employer)</th>
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</thead>
<tbody>
<tr>
<td>Name of Trainee :</td>
<td>Name of Witness:</td>
</tr>
<tr>
<td>Date :</td>
<td>Date :</td>
</tr>
</tbody>
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**Singapore Caregiver Training & Consultancy Pte Ltd**

Company Registration No.: 201102378Z

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