



# EDUSCOPE INTERNATIONAL

## REGISTRATION FORM

Registration Date: \_\_\_\_\_

### CANDIDATE'S INFORMATION

|                      |   |
|----------------------|---|
| Name:                | Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms.                       |
| Mobile Number:       | Organization:   |
| License Expiry Date: | Profession <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Allied Staff <input type="checkbox"/> Others |
| Email ID:            | License: <input type="checkbox"/> DHA <input type="checkbox"/> MOH <input type="checkbox"/> HAAD <input type="checkbox"/> DHCA                  |

\*\*Please write legibly in **CAPITAL** as required in the certificate\*\*

### PEDIATRIC ADVANCED LIFE SUPPORT (PALS) July 2024

| SL NO. | DATE   | DAY                  | TICK YOUR DESIRED COURSE |
|--------|--|----------------------|--------------------------|
| 1      | 4 <sup>th</sup> July 2024 &<br>5 <sup>th</sup> July 2024   | Thursday &<br>Friday |                          |
| 2      | 11 <sup>th</sup> July 2024 &<br>12 <sup>th</sup> July 2024 | Thursday &<br>Friday |                          |
| 3      | 15 <sup>th</sup> July 2024 &<br>16 <sup>th</sup> July 2024 | Monday &<br>Tuesday  |                          |

Send back to us the filled registration form together with the payment receipt to our email accounts.

[info@eduscope.me](mailto:info@eduscope.me) / [lifesupport@eduscope.me](mailto:lifesupport@eduscope.me)

**Note:** Ebook along with instructions on how to download shall be shared via email.

**MODE OF PAYMENT:**

1. **CASH PAYMENT:** You can visit us in our Training Center
2. **CHEQUE PAYMENT:** Payable to Eduscope International FZ LLC (cheque should be cleared 5 days before the course date)
3. **BANK:** through (a) cash deposit Emirates NBD ATM (no charge); (b) Bank deposit through EmiratesNBD

**BANK DETAILS:**

Account Name: Eduscope International FZ LLC

Account No.: 101 414 693 5401

Bank: Emirates NBD

Branch: Wafi Mall Swift

Code: EBILAEAD

Iban No.: AE 90 0260 0010 1414 6935 401

❖ Request for issuance of new certificate is AED 50/-

Eduscope International has the right to cancel or reschedule a specific course. In case of cancellation and rescheduling, we will notify and candidates will have an opportunity to select alternative courses. **NO REFUND POLICY IS APPLICABLE.**

**RESCHEDULE POLICY:**

❖ **RESCHEDULE WITHOUT AFFECTING THE REGISTRATION FEE:**

- a) The reschedule notification should be sent to us via email **10 days prior to the selected course date.**
- b) In case of medical emergency, kindly share the medical supportive document(mandatory). Reschedule Request without the document will not be considered.

❖ **RESCHEDULE WITH ADDITIONAL PAYMENT**

- a) If the reschedule notification is sent **between 9-5 days prior to the selected course date, 50% of the course fee would be charged additional as penalty.**
- b) If the reschedule is **less than 4 days**, then the **course will be forfeited** and the candidate should re-register for the course.

❖ We can accommodate the rescheduling of the course only **“once”** and with valid reason and supporting Document.

❖ Latecomers will not be entertained

❖ **“NO REFUND POLICY”** is permitted

\*\*\*\*\*

**Remarks:**

**Medical Issues (if any) please mention:** \_\_\_\_\_

**If you have any physical limitations to perform the practical skill test, kindly mention:**

\_\_\_\_\_

**For Ladies:**

Are you pregnant:  Yes  No

If yes (please specify): No of weeks: \_\_\_\_\_

\*\*\*\*\*

**I HEREBY CONFIRM THAT I HAVE READ AND UNDERSTOOD THE ABOVE-MENTIONED POLICY.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_