



# 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) June 2025

SL NO.	DATE	DAY	TICK YOUR DESIRED COURSE
1	11 <sup>th</sup> June 2025 & 12 <sup>th</sup> June 2025	Wednesday & Thursday	
2	20 <sup>th</sup> June 2025 & 21 <sup>st</sup> June 2025	Friday & Saturday	
3	25 <sup>th</sup> June 2025 & 26 <sup>th</sup> June 2025	Wednesday & Thursday	
4	30 <sup>th</sup> June 2025 & 1 <sup>st</sup> July 2025	Monday & 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 Emirates NBD

## **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: \_\_\_\_\_