PHOTO

| For Office use Only | |
|---|---|
| Application Fee | o |
| Certificates | o |
| Grade Slips | o |

# A E M S T E C

**C O N S U L T A N T & T E C H N I C A L S E R V I C E S I N C .**


*Grande Riviere, Gros Islet, P.O. Box CP5951, Castries, St. Lucia*
*Tel. (758) 450-2263/287-8400/520-2985 Fax: (758) 450-2263*
**Website**: www.aemstec.com **Email:** cemsedu@aemstec.com


## Center for Emergency Medical Services Education (CEMSE)

### Castries Comprehensive Secondary School based Training Center

*Vide Boutielle, Castries, Saint Lucia, West Indies*

**GENERAL INSTRUCTIONS**

(a) Please read the accompanying "Student Information Programme Packet for Courses interested in " **BEFORE** completing this form.

(b) Complete application form with black ink

(c) Return application form to: The Registrar, EMT Department, AEMTSTEC CONSULTANT & TECHNICAL SERVICES with certified copies of certificates, grade slips, all other requested documentation with 2 passport sized photographs and $50.00 application fee. (Non-refundable)

(d) Incomplete application forms will not be processed.

**SECTION 1**

1. _____ Surname
2. _____ First name
3. _____ Middle name
4. _____ Maiden name (if applicable)
5. Sex Male O Female O
6. Date of Birth: _____ Day/Month/Year
7. Marital Status: Single O Married O Divorced O Widowed O
8. Nationality: _____
9. Country of Birth: _____
10. NIS number: _____
11. Mailing address: _____
12. Permanent address: _____
13. Telephone: _____ Home Work For messages
14. Current school/institution/workplace: _____
15. If currently unemployed or out of school, indicate your last school/workplace: _____

**SECTION 2**

EDUCATION RECORD
(Give details of educational institutions attended).

| TYPE OF INSTITUTION | NAME OF INSTITUTION | FROM (Month/Year) | TO (Month/Year) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

QUALIFICATIONS

(Give details of qualifications obtained. Subjects for which you are awaiting results, tick the Results Awaited column)

| EXAMINATION BODY (CXC, Cambridge, London, etc) | SUBJECT | YEAR | LEVEL & GRADE | RESULTS AWAITED |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## SECTION 3

JOB EXPERIENCE (IF ANY)

| EMPLOYERS | POSITION HELD | FROM | TO |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## SECTION 4

Computer related courses successfully completed

| TITLE OF COURSE | DURATION OF COURSE (Hrs) | DATE COMPLETED |
|---|---|---|
| | | |
| | | |
| | | |
| | | |



## SECTION 5

**Please indicate course/s applied for in the box below**

| COURSE NO. | COURSE | PLEASE TICK | DURATION |
|---|---|---|---|
| BLS001 | BASIC LIFE SUPPORT | | 3 DAYS |
| PEM002 | PEDIATRIC EMERGENCY MANAGEMENT | | 2 MONTH |
| 02THPY004 | OXYGEN THERAPY | | 2 MONTH |
| EMR005 | EMERGENCY MEDICAL RESPONDER (EMR) | | 4 MONTHS |
| EMTB006 | EMERGENCY MEDICAL TECHNOLOGY | | 12 MONTH |
| MERO007 | MEDICAL EMERGENCY RADIO OPERATIONS | | 4 MONTHS |
| RCOM008 | RADIO COMMUNICATION | | 4 MONTH |
| WPEM009 | WORK PLACE EMERGENCY FIRST AID, CPR | | 2 DAYS |
| CPRPROBLSHP | CPR PROFESSIONAL RESCUER BLSHP | | 2 DAYS |
| FACPRAED011 | CPR, FIRST AID, AED | | 2 DAYS |
| AED012 | AUTOMATED EXTERNAL DEFIBRILLATION | | 2 DAYS |

**Signature of Applicant** _____ **Date** _____