



Application & Registration Form 2026

Date: DD MM YYYY

Applicant Information *# mandatory fields to fill in*

Full Name: _____
Title, First name, Initial, Surname *Preferred calling name*

Home Address: _____
Street Address

City *Country* *Postal Code*

Postal Address: _____

City *Country* *Postal Code*

Phone Number: () _____ **# ID / Passport Number:** _____

Business Address: _____

City *Country* *Postal Code*

Work Phone: () _____ **# Cell Phone:** _____

Email Address: _____

Next of Kin: _____ **# Cell Phone:** _____

Title, First name, Surname

Professional Registration No: _____

Highest Qualification (Medical, Nursing, EMS): _____
If applicable please include date qualified and from which institution qualification was obtained

Challenges we need to know about *(This information will be kept confidential, but is important to ensure a positive learning experience)*

Difficulty with English Knee or back problems Hearing Visual (not corrected with glasses / contact lenses)

This part has to be filled in for ECP application only

Qualification to achieve (ECP-B, ECP-I) _____
If applicable please include date qualified and from which institution qualification was obtained

Uniform Size, 1 set Trouser and Shirt included in the application fee

S L XXL
M XL XXXL

Here with I order a second set of Uniform.
NAD 2,750.00 incl. VAT

Application Fee includes the following items

- HPCNA student registration
- First Examination
- 1 (one) set of Student Uniform (PPE)
- Certification

Application & Registration Fee: NAD 2,200.00

Additional fees: NAD _____

Courses & Cost

Please mark clearly the course to book

(All fees are relating to local expenses. Prices include VAT)

Preferred course date:	<i>Code</i>	<i>DD / MM / YYYY</i>	Alternate course date:	<i>Code</i>	<i>DD / MM / YYYY</i>
Preferred course date:	<i>Code</i>	<i>DD / MM / YYYY</i>	Alternate course date:	<i>Code</i>	<i>DD / MM / YYYY</i>
Course place at:	<i>Code</i>	<input type="checkbox"/> Windhoek	<input type="checkbox"/> Ongwediva	<input type="checkbox"/> Walvis Bay	
Course place at:	<i>Code</i>	<input type="checkbox"/> Windhoek	<input type="checkbox"/> Ongwediva	<input type="checkbox"/> Walvis Bay	

First Aid

Course	Code	Requirements	Rate per Person <small>(incl. application & registration)</small>
First Aid – LSM	M1	➤ None	NAD 765.00
First Aid – Level A	M2	➤ Grade 10	NAD 1,299.00

Emergency & Medical Care

Course	Code	Requirements	Rate per Person
ECP – Basic <i>(Separate application is requested on the EMC application form)</i>	E1	<ul style="list-style-type: none"> ➤ Grade 10, min. 23 points ➤ Grade 11, NSSCO Certificate min. 18 points in 5 Subjects ➤ First Aid – Level A 	* NAD 10,995.00 <small>Plus once off application fee</small>
OSHEMS – Medic <ul style="list-style-type: none"> - First Aid – Level A - ECP – Basic - OSH Officer incl. Industrial Fire Fighting - Practical Experience (Ambulance hours) - BLS for Healthcare Provider - ECP – I entry exam - ECP – Intermediate <i>(Separate application is requested on the EMC application form)</i>	E1b	<ul style="list-style-type: none"> ➤ See E1 ➤ Pass of the previous course always ➤ Pass entry exam ILS before ECP-I course 	<ul style="list-style-type: none"> NAD 1,289.00 NAD 10,895.00 NAD 13,500.00 N/A NAD 975.00 NAD 300.00 NAD 20,480.00 *** NAD 54,164.00 <small>Plus once off application fee</small>
ECP – Basic, Evening Class	E1P	➤ See E1	* NAD 13,900.00
ECP – Basic, Refresher Course	E1R	➤ ECP – Basic	NAD 1,999.00
ECP – Intermediate Entry Exam	E2a	<ul style="list-style-type: none"> ➤ ECP – Basic ➤ Letter of confirmation - 1000 amb. hours or 1 year registered with the HPCNA 	NAD 399.00
ECP – Intermediate Including: HPCNA ILS-student registration	E2	<ul style="list-style-type: none"> ➤ See E2a ➤ Passed ECP – I entry exam 	** NAD 20,490.00
BLS for Healthcare Provider - ERC (HPCNA CPD: 16 CEU's)	E3	➤ HPCNA registration	NAD 1,175.00
ACLS – ERC (HPCNA CPD: 32 CEU's)	E4	<ul style="list-style-type: none"> ➤ HPCNA registration ➤ BLS for Healthcare Provider 	NAD 3,495.00
PALS – ERC (HPCNA CPD: 32 CEU's)	E5	<ul style="list-style-type: none"> ➤ HPCNA registration ➤ BLS for Healthcare Provider 	NAD 3,495.00

Health & Safety

Course	Code	Requirements	Rate per Person <i>(incl. application & registration)</i>
Representative	H1	➤ Grade 10	NAD 1,145.00
Induction	H2	➤ Grade 10	NAD p.o.r
General Health & Safety	H3	➤ Grade 10	NAD 1,145.00
Accident & Incident Investigation	H5	➤ Grade 10	NAD 1,145.00
Risk Assessment – HIRA	H6	➤ Grade 10	NAD 1,145.00
Supervisor	H7	➤ Grade 10	NAD 3,145.00
Health & Safety Officer <i>(Separate application is requested on the EMC application form)</i>	H8	➤ Grade 10, min. 23 points ➤ Grade 11, NSSCO Certificate min. 18 points in 5 Subjects	NAD 13,995.00

Industrial Fire Fighting

Course	Course Code	Requirements	Rate per Person <i>(incl. application & registration)</i>
Basic Industrial Fire Fighting	F1	➤ Grade 10	NAD 975.00
Industrial Fire Fighting	F2	➤ Grade 10	NAD 1,195.00

Skills Development & Workers Training

Course	Course Code	Requirements	Rate per Person <i>(incl. application & registration)</i>
Working at Height	S1	➤ Grade 10	NAD 1,599.00
Working in Confined Spaces	S2	➤ Grade 10	NAD 1,599.00
Scaffolding Erecting & Inspecting	S3	➤ Grade 10	NAD 1,599.00
Total Amount of Administration and Registration			NAD

COURSE FEE ARRANGEMENT

- Please be advised that a pro-forma invoice will be forwarded on receipt of application.
- No training materials will be hand out without payment confirmation.
- * on registration an additional application fee will be applicable - details see application form, 50% nonrefundable deposit must be paid 15 working days prior to course starting date. Final payment **prior** to exam.
- ** on registration an additional application fee will be applicable - details see application form, 25% nonrefundable deposit must be paid 15 working days prior to course starting date, further 25% prior to midterm of the training programme. Final payment prior to final exam
- *** on registration an additional application fee will be applicable - details see application form, NAD 9,000.00 nonrefundable deposit must be paid 7 days prior to course starting date. An instalment of NAD 2,225.00 p.M. must be paid till full payment of the OHSEMS Medic course
- If payments are not done in time, OSH-Med International may charge an interest rate according to the Namibian law
- Course fees for courses below NAD 5,500.00 must be paid in full at application – nonrefundable

PAYMENT DETAILS:

- **Payments must be done on Application / Invoice**
- **No cash payments are accepted**
- Payments must be done via EFT or card payment at the OSH-Med International Service & Training Centres
- **EFT payment or cash deposit into the bank account use the following reference:**
 - **Surname, Quotation No. / Date of birth**



TERMS & CONDITIONS

1. I _____, ACKNOWLEDGE THAT I NEED TO STUDY THE COURSE MATERIALS SUPPLIED BEFORE ATTENDING THE BLS FOR HEALTHCARE PROVIDERS, AND / OR ACLS, AND / OR PALS , AND / OR ITLS, AND / OR ANY OTHER PROGRAM AS INDICATED BY MYSELF ON THIS APPLICATION FORM IN ORDER TO PASS THE REQUIRED ENTRANCE &/OR FINAL WRITTEN EXAMINATION/S (MINIMUM PASS MARK IS 84% - ERC/AHA COURSES // 76% - ITLS COURSES // 50% - OHS; IFF; FA COURSES)
2. I _____, ACKNOWLEDGE AND UNDERSTAND THAT I WILL NOT BE ELIGIBLE TO ATTEND A COURSE WHEN ANY / ALL PRE-COURSE REQUIREMENTS / STIPULATIONS HAVE NOT BEEN MET / COMPLETED BY MYSELF
3. I _____, ACKNOWLEDGE THAT FULL COURSE ATTENDANCE IS REQUIRED AS PART OF THE COURSE COMPLETION CRITERIA FOR ANY / ALL COURSES UNDERTAKEN
4. **COURSE FEES FOR COURSES BELOW NAD 5,500.00 MUST BE PAID 10 WORKING DAYS BEFORE THE COURSE STARTS. COURSE FEES ABOVE NAD 5,500.00 MUST BE PAID AS STIPULATED IN THE COURSE APPLICATION FORM, SECTION COURSE FEE MENTIONED**
5. COURSE MATERIALS AND MANUALS WILL ONLY BE FORWARDED UPON RECEIPT OF FULL PAYMENT FOR THE E3 – E5 COURSES. **PAYMENT WILL ONLY BE ACCEPTED - IN CARD OR ELECTRONIC FUNDS TRANSFER – PREFERABLE EFT**
6. EXTRAORDINARY COURIER COSTS WILL BE INVOICED IN ADDITION TO COURSE FEES FOR THE DELIVERY OF ALL COURSE MATERIALS / CERTIFICATES
7. CANCELLATIONS AND POSTPONEMENTS OF APPLICATIONS - REFUNDS WILL BE EFFECTED AS FOLLOWS:
 - a. **CANCELLATIONS:**
 - i. INFORM *OSH-MED INTERNATIONAL* **IN WRITING MORE THAN 4 (FOUR) WEEKS BEFORE COURSE DATE:** 40% REFUND ON THE TOTAL COURSE FEE
 - ii. INFORM *OSH-MED INTERNATIONAL* **IN WRITING LESS THAN 4 (FOUR) WEEKS BEFORE COURSE DATE:** NO REFUND
 - b. **POSTPONEMENTS:**
 - i. INFORM *OSH-MED INTERNATIONAL* **IN WRITING MORE THAN 4 (FOUR) WEEKS BEFORE COURSE DATE:** APPLICABLE POSTPONEMENT FEE - NAD 0.00
 - ii. INFORM *OSH-MED INTERNATIONAL* **IN WRITING LESS THAN 4 (FOUR) WEEKS BEFORE COURSE DATE:** APPLICABLE POSTPONEMENT FEE – 50% OF THE INITIAL COURSE FEE
 - c. PLEASE NOTE: ONLY 1 POSTPONEMENT IS ALLOWED
8. PLEASE NOTE: *OSH-MED INTERNATIONAL* WILL DEDUCT THE COSTS OF ALL COURSE MATERIALS FROM ANY REFUNDS EFFECTED
9. NO REFUNDS OF ANY COURSE FEES PAID WILL BE EFFECTED FOR NON-ATTENDANCE OF, OR NO SHOW FOR, COURSES ON THE CONFIRMED DATE AS BOOKED
10. I _____, ACKNOWLEDGE THAT COURSE DATES MAY BE SUBJECT TO CHANGE AT SHORT NOTICE (I.E. WITHIN 1 WEEK OF THE STIPULATED COURSE DATE) DEPENDANT UPON THE NUMBER OF PARTICIPANTS BOOKED PER RESPECTIVE COURSE. THIS IS IN LINE WITH MINIMUM COURSE PARTICIPATION REQUIREMENTS, STIPULATED BY THE RESPECTIVE REGULATING BODIES, TO PRESENT EACH COURSE
11. FIRST EXAMINATION REWRITE ATTEMPTS FOR COURSES PRESENTED BY *OSH-MED INTERNATIONAL* (IN WHK / ONG / WB) WILL BE CONDUCTED FREE OF CHARGE, **EXCEPT ECP COURSES REWRITE ATTEMPTS**. THEREAFTER A FEE OF NAD **2,900.00** (VAT EXCL.) WILL BE APPLICABLE PER ATTEMPT. ALL EXAMINATION REWRITES UNDERTAKEN OUTSIDE THESE TOWNS WILL BE QUOTED UPON SEPARATELY. IF THE EXAM MARK IS 40% OR LESS THE COURSE MUST BE REPEATED AND AN ADDITIONAL FEE OF **75%** OF THE INITIAL REGISTRATION FEE WILL BE APPLICABLE.
12. ALL BLS / ILS CANDIDATES NEED TO BE PHYSICALLY CAPABLE AND ABLE TO WORK ON THE FLOOR AND UNDER STRESS. BLS / ILS CANDIDATES WHO ARE NOT ABLE TO FULFIL THIS REQUIREMENT WILL NOT BE ELIGIBLE FOR EXAMINATION AND COMPLETION OF THE BLS / ILS COURSE.
13. **NOTE TO ALL HPCNA REGISTERED PRACTITIONERS ATTENDING ANY CPD COURSE - IT MUST BE MADE EXPRESSLY CLEAR THAT THESE COURSES ARE CPD PROGRAMS AND THEREFORE WILL NOT INCREASE YOUR HPCNA REGISTERED SCOPE OF PRACTICE IN ANY WAY**
14. I _____, WILL NOT HOLD *OSH-MED INTERNATIONAL* (OR ANY OF ITS AFFILIATED COMPANIES, SERVICE PROVIDERS, CONTRACTORS, SHAREHOLDERS, MEMBERS, INSTRUCTORS AND EMPLOYEES) LIABLE FOR ANY LOSS OR PERSONAL INJURY INCURRED WHILST ATTENDING COURSES FACILITATED BY *OSH-MED INTERNATIONAL*

I HEREBY CONFIRM ACCEPTANCE OF, & I AM IN AGREEMENT WITH, ALL THE STIPULATED APPLICATION & REGISTRATION, PAYMENT, PARTICIPATION, CANCELLATION & POSTPONEMENT - TERMS & CONDITIONS AS PER T&Cs online on <https://www.osh-med.pro/accreditation> or click here APPLY.

Applicant Signature: _____

Date: _____

Applicant Witness: _____

Date: _____

Witness Name: _____

Contact Number: _____

OSH-Med Signature: _____

Date: _____

OSH-Med Staff name: _____

Date: _____