

Registration Form 2025

Date: DD MM YYYY

Applicant Information	# mandatory fields to fill in
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Full Name:

Title, First name, Initial, Surname

Preferred calling name

Home Address:

Street Address

City

Country

Postal Code

Postal Address:

City

Country

Postal Code

Home Phone:

()

ID / Passport Number:

Business Address:

City

Country

Postal Code

Work Phone:

()

Cell Phone:

Fax No:

()

Email Address:

Next of Kin:

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)

How did you hear about us ?

☐

Referred by professional colleague

☐

Own Company

☐

Professional Publication

☐

Attended previously

☐

Via Social Media

☐

Referred by another organization

☐

Email

☐

Word of mouth

☐

Web Site

☐

Other

Courses & Cost

Please mark clearly the course to book

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

Preferred course date:	Code	DD MM YYYY	Alternate course date:	Code	DD MM YYYY
Preferred course date:	Code	DD MM YYYY	Alternate course date:	Code	DD MM YYYY
Course place at:	Code	<input type="checkbox"/> Windhoek	<input type="checkbox"/> Ongwediva	<input type="checkbox"/> Walvis Bay	
Course place at:	Code	<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	699.00
First Aid – Level A	M2	➤ Grade 10	NAD	1,299.00
First Aid – for “kids”	M3	➤ None	NAD	699.00

Emergency & Medical Care

Course	Code	Requirements	Rate per Person	
ECP – Basic <i>(Separate application is requested on the EMC application form)</i>	E1	➤ 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 - 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	➤ See E1 ➤ Pass of the previous course always ➤ Pass entry exam ILS before ECP-I course	NAD 1,289.00 NAD 10,700.00 NAD 13,500.00 N/A NAD 975.00 NAD 300.00 NAD 24,700.00 *** 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	➤ 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	➤ See E2a ➤ Passed ECP – I entry exam	** NAD	24,995.00
BLS for Healthcare Provider - ERC (HPCNA CPD: 16 CEU's)	E3	➤ HPCNA registration	NAD	995.00
ACLS – ERC (HPCNA CPD: 32 CEU's)	E4	➤ HPCNA registration ➤ BLS for Healthcare Provider	NAD	3,395.00
PALS – ERC (HPCNA CPD: 32 CEU's)	E5	➤ HPCNA registration ➤ BLS for Healthcare Provider	NAD	3,395.00

Health & Safety

Course	Code	Requirements	Rate per Person (incl. application & registration)	
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 (Separate application is requested on the EMC application form)	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 (incl. application & registration)	
Basic Industrial Fire Fighting	F1	➤ Grade 10	NAD	975.00
Industrial Fire Fighting	F2	➤ Grade 10	NAD	1,499.00

Skills Development & Workers Training

Course	Course Code	Requirements	Rate per Person (incl. application & registration)	
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 COURSE COST			NAD
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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](https://www.osh-med.pro/accreditation) or click here APPLY.

SIGNED: _____	DATE: _____
WITNESS: _____	DATE: _____
WITNESS NAME: _____	CONTACT NUMBER: _____