



Generic Instructors Course Application Form

Name: _____

Date of birth: _____

Address: _____

Contact number: _____

Email: _____

Specialty: _____ Grade: _____

Instructor potential given on the following course:

EPLS ETC ALS Date: _____

Any Dietary Requirements: _____

Please hand in application form and registration fee to the Anaesthetic Secretary, Anaesthetic department, -1 level, Yellow block, Mater Dei Hospital, by Friday 18th May 2009

(Please address a cheque for € 550, payable to 'Malta Resuscitation Council')

For office use:

Cheque no. _____

Receipt sent: Yes / No