



The Malta Resuscitation Council (MRC)

Provisional Application Form

Full name: _____

Speciality: _____

Address: _____

Tel numbers: Home: _____ Mobile: _____

Email address: _____

Courses where you would like to participate:
(You may tick more than one option)

- European Paediatric Life Support course(EPLS)
- Basic Life Support / Automated External Defibrillation course (BLS/AED)
- Advanced Life Support course (ALS)
- European Trauma Course (ETC)

Applications can be handed personally to Dr. Mary Rose Cassar, Dr. Anna Spiteri or Dr. Jonathan Joslin or posted to Malta Resuscitation Council, c/o Accident and Emergency Department, Mater Dei Hospital B'Kara By Pass.

Signature of applicant: _____ Date: _____