

HUMAN EMERGENCY LIFE PROGRAMME

EMERGENCY MEDICAL TRAINING

CK 1996/019225/23

**PLEASE USE BLACK INK, AND PRINT CLEARLY WHEN COMPLETING THIS FORM
PLEASE FAX BACK TO 0865149267 OR E-MAIL TO INFO@HELPEMT.CO.ZA**



2012 TRAINING INDEMNITY

**I, (print your full name) _____ with
identity number _____ have read and understood
the following training indemnity.**

**By signing this form I confirm acceptance of the following terms and conditions of
Course participation:**

- I understand that the courses presented at H.E.L.P. Emergency Medical Training are completed only in English, that includes the lectures, training notes and workbooks, and examinations, be they written or oral.
- I understand that the Government and Health Professions Council of South Africa only requires a Matric/ Grade 12 certificate for entrance onto the Basic Ambulance Assistant (BAA) course, but that H.E.L.P. Emergency Medical Training advises that a Matric/ Grade 12 certificate **AND** a passing mark in English on the Standard or Higher grade is required for full understanding of the course material.
- I may have been advised that my Matric/ Grade 12 English marks are not sufficient to satisfactorily understand the course work presented at H.E.L.P. Emergency Medical Training, and despite and against this advice, I have decided to undertake a training course presented by H.E.L.P. Emergency Medical Training.
- I hereby indemnify H.E.L.P. Emergency Medical Training, and absolve it in respect of any loss, cost or damages that may in any way be incurred, and in respect of all claims which may be made against H.E.L.P. by Third Party, by reason of or in any way arising out of my failing to successfully complete the training I have undertaken presented by H.E.L.P. Emergency Medical Training.
- This indemnity extends further to cover all legal and other expenses that may be incurred by H.E.L.P. in examining, litigation, or settling any such claim.
- I understand that as a practicing pre-hospital healthcare practitioner, there are Occupational Health and Safety requirements in terms of "Fitness to Practice" – these regulations pertain to physical fitness. H.E.L.P. Emergency Medical Training reserves the right to have course participants partake in team-building exercises which may require physical exertion – by signing this document, I hereby consent to my participation in physical fitness activities as part of my training. **IT IS THE RESPONSIBILITY OF THE COURSE PARTICIPANT TO INFORM H.E.L.P. EMERGENCY MEDICAL TRAINING OF ANY CONDITIONS WHICH MAY LIMIT OR NEGATE THE COURSE PARTICIPANTS ABILITY TO TAKE PART IN PHYSICAL ACTIVITY AS PART OF THEIR COURSE.**

Signed:

Name (Block Letters):

- I understand that payment of the course fee does not automatically guarantee a course certificate at the culmination of the course. I further understand that unless extremely unusual circumstances prevail, the entire course fee is to be paid by the start of the course, even though I may not complete the course. I also hereby guarantee to pay the course fee in full whether I should complete the course or not.
- **I hereby indemnify Human Emergency Life Programme (Gauteng), and absolve it in respect of any loss, cost or damages that may in any way be incurred, and in respect of all claims which may be made against H.E.L.P Emergency Medical Training by Third Party, by reason of or in any way arising out of any injury sustained by, or loss incurred by, and damage caused to myself or my property whilst I am attending the course of instruction by H.E.L.P. Emergency Medical Training.**

Signed:

Name (Block Letters):

**This the day of 2012, at
(Place)**

Witness:
(Printed Name)
(Signature)