

## APPLICATION FORM EMERGENCY MEDICAL TECHNICIAN (EMT) COURSE

\*Please complete in BLOCK CAPITALS

FULL NAME (INCLUDING TITLE):  PREFERRED NAME (if applicable):

DATE OF BIRTH:    GENDER ☐ MALE ☐ FEMALE

FULL ADDRESS (INCLUDING POSTAL CODE AND COUNTRY):

EMAIL:  HOME PHONE:

MOBILE:  COURSE SELECTION:

[X] EMT – EMERGENCY MEDICAL TECHNICIAN COURSE DATES (TO BE CONFIRMED)

PREVIOUS MEDICAL/REMOTE TRAINING (IF ANY):

COURSE:  SPECIALTY:

HOSPITAL (IF APPLICABLE):

QUALIFICATIONS GAINED:

ORGANISATION:  POSITION HELD:

LOCATIONS WORKED IN:

HOW DID YOU HEAR ABOUT THIS COURSE? ☐ WEB SEARCH – SEARCH TERM USED ☐ FRIEND/COLLEAGUE

☐ REFERRED BY: ☐ OTHER:

PAYMENT METHOD ☐ CASH ☐ E-MONEY ☐ MOMO ☐ BANK ☐ CARD

Declaration: *By submitting this application, I confirm I have read and agree to the course terms and conditions, and that I undertake this course at my own risk.*

Signature: \_\_\_\_\_ DATE:     /     /

Return completed form to: [Promedicstrainingcentre@gmail.com](mailto:Promedicstrainingcentre@gmail.com)

### \*COURSE TERMS AND CONDITIONS\*

1. **Eligibility:** Applicants must be at least 18 years of age and in good physical and mental health.
2. **Fees & Payment:** The full fee of \$1850 must be paid before course commencement. Accepted payment methods include CASH, E-MONEY, MOMO, BANK TRANSFER, or CARD.
3. **Cancellations & Refunds:**  
More than 15 days before course start: Full refund or transfer to another course  
8–15 days before start: 50% refund or course transfer  
7 days or fewer: **\*\* No refund**
4. **Participation:** Students must attend all modules and practical sessions to receive certification. Absence may result in disqualification.
5. **Risk & Liability:** Participation is at your own risk. **Promedics Training & Consultancy LTD.** is not liable for loss, injury, or personal damage unless caused by proven negligence.
6. **Conduct:** Professional behaviour is expected at all times. The training centre reserves the right to remove any student for misconduct without refund.
7. **Medical Disclaimer:** You must inform the training centre of any medical conditions before beginning the course. A medical clearance may be required.
8. **Photography & Media:** By participating, you consent to being photographed or recorded for training and promotional purposes unless you opt out in writing.



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+233 24 081 8482



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Kwadaso Agric Nzema  
(Opposite the Roman school) Kumasi.

