

First Aid Training Application Form

FULL NAME:

ADDRESS:

COMPANY.:

OCCUPATION:

CONTACT NO.:

EMAIL ADDRESS:

PREFERRED DAY FOR TRAINING:

WEEKDAY

WEEKEND

**Please note that training duration requires a full day participation*

HOW DID YOU HEAR ABOUT US?

SMS

FRIENDS/ REFERENCES

KHIDMAH WEBSITE

SEARCH ENGINE

SOCIAL MEDIA

OTHERS _____

DATE _____

SIGNATURE _____

Please fill this form out and send it back to the instructor

Katherine Cruz: k.cruz@khidmah.com



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