



# Emergency First Response Instructor Trainer course 2018 January - May

		<b>Registration Deadline</b>	<b>Fee*</b>			<b>Registration Deadline</b>	<b>Fee*</b>
<input type="checkbox"/>	Düsseldorf, Germany 20 January 2018  Language: German	13 January 2018	EUR 517	<input type="checkbox"/>	Athens, Greece 01 April 2018	23 March 2018	EUR 517
<input type="checkbox"/>	Düsseldorf, Germany 20 January 2018  Language: English	13 January 2018	EUR 517	<input type="checkbox"/>	Sliema, Malta 17 April 2018	09 April 2018	EUR 517
<input type="checkbox"/>	Bristol, UK 20 February 2018	13 February 2018	£417	<input type="checkbox"/>	Hurghada, Egypt 22 April 2018	15 April 2018	£417
<input type="checkbox"/>	Barcelona, Spain 26 February 2018  Language: Spanish	19 February 2018	EUR 517	<input type="checkbox"/>	Warsaw, Poland 24 April 2018  Language: Polish	17 April 2018	EUR 517
<input type="checkbox"/>	Jeddah, Saudi Arabia 10 March 2018  Language: Arabic	03 March 2018	£417	<input type="checkbox"/>	Oslo, Norway 06 May 2018  Language: Norwegian	27 April 2018	£417
<input type="checkbox"/>	Johannesburg, South Africa 25 March 2018	12 March 2018	£417	<input type="checkbox"/>	Stockholm, Sweden 13 May 2018	04 May 2018	£417
<input type="checkbox"/>	Peniche, Portugal 28 March 2018  Language: Portuguese	21 March 2018	EUR 517	<input type="checkbox"/>	Lanzarote, Spain 30 May 2018	23 May 2018	EUR 517

**All scheduled events are subject to a minimum number of registrations by the deadline date**

\* Applicable VAT will be added where required

**Prior to teaching, you will need to purchase the EFR Instructor Course Lesson Guides (not included in the Course Fee)**

**Programmes are conducted in English except where noted**

To be eligible for the Emergency First Response Instructor Trainer Course, you must meet the following prerequisites:

- Be an active Emergency First Response Primary Care/Secondary Care and Care for Children Instructor
- Have issued 25 Completion Cards or taught at least 5 courses
- Have no verified quality assurance issues in the past 12 months

**Registration Form** (PLEASE PRINT OR TYPE)

Name \_\_\_\_\_

Member No. \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Return scan copy to [id.emea@padi.com](mailto:id.emea@padi.com)

**PAYMENT METHOD:**

Mastercard  Visa  American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_