



# Emergency First Response Instructor Trainer Course 2019 June - December

		<i>Registration Deadline</i>	<i>Fee*</i>			<i>Registration Deadline</i>	<i>Fee*</i>
<input type="checkbox"/>	Stockholm, Sweden 2 June 2019	26 May 2019	£434	<input type="checkbox"/>	St Raphael, France 28 September 2019 <b>Language: French</b>	21 September 2019	EUR 527
<input type="checkbox"/>	Helsinki, Finland 9 June 2019	2 June 2019	EUR 527	<input type="checkbox"/>	Cabo de Palos, Spain 8 October 2019 <b>Language: Spanish</b>	1 October 2019	EUR 527
<input type="checkbox"/>	Copenhagen, Denmark 16 June 2019	9 June 2019	EUR 527	<input type="checkbox"/>	Jeddah, Saudi Arabia 12 October 2019	5 October 2019	£434
<input type="checkbox"/>	Bern, Switzerland 16 June 2019 <b>Language: German</b>	9 June 2019	570 CHF	<input type="checkbox"/>	Lecco, Italy 2 November 2019 <b>Language: Italian</b>	26 October 2019	EUR 527
<input type="checkbox"/>	Eindhoven, Netherlands 23 June 2019	16 June 2019	EUR 527	<input type="checkbox"/>	Bergen, Norway 3 November 2019	27 October 2019	£434
<input type="checkbox"/>	Bristol, UK 9 September 2019	2 September 2019	£434	<input type="checkbox"/>	Kuwait City, Kuwait, 3 November 2019 <b>Language: Arabic / English</b>	27 October 2019	£434

*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 \_\_\_\_\_