

Lifesaver International Qualifications Instructor Application Form

Thank you for your interest in becoming a certified instructor with Lifesaver International Qualifications. This application is open to both experienced instructors and those new to teaching. Please complete this form and submit it along with the required supporting documents to info@hayatinstitute.ae

Personal Information

- **Full Name:** _____
- **Date of Birth:** _____
- **Gender:** Male Female Prefer not to say
- **Email Address:** _____
- **Phone Number:** _____
- **Nationality:** _____
- **Current Address:** _____

Professional Background

- **Current Employer/Organization (if applicable):** _____
- **Job Title (if applicable):** _____
- **Do you have teaching or training experience?** Yes No
 - If yes, provide details (training organization, number of years, courses taught): _____

- **Have you previously been certified as an instructor?** Yes No
 - If yes, specify awarding body and certification (e.g., AHA, ASHI, Highfield): _____

First Aid and Emergency Response Background

- **Do you have prior first aid or emergency response training?** Yes No
 - If yes, provide certification details (e.g., course title, date completed): _____

- **Are you currently affiliated with a training center?** Yes No
 - If yes, specify the training center name: _____

Pathway to Becoming an Instructor

If you do not have prior teaching experience, Lifesaver International Qualifications offers pathways to help you succeed:

1. **Instructor Certification Training:** Specialized training designed to develop your teaching skills.

2. **Mentorship Program:** Work closely with experienced instructors to build confidence and competency.
3. **Hands-On Practice:** Participate in live sessions to observe and practice instructional techniques.

- I am an experienced instructor and do not need mentorship or training.
 I am new to teaching and interested in the mentorship/training program.

Preferred Courses to Instruct

- Basic First Aid
 Pediatric First Aid
 Advanced First Aid
 CPR and AED
 Others (please specify): _____

References

Provide two professional references (if experienced) or personal/professional references (if new) who can validate your qualifications, skills, or motivation.

1. **Name:** _____
Position/Relation: _____
Contact Number: _____
Email: _____
2. **Name:** _____
Position/Relation: _____
Contact Number: _____
Email: _____

Supporting Documents

Attach the following documents:

1. Copy of your valid ID (passport or government-issued ID).
2. Copies of relevant certifications (if applicable).
3. Updated CV/Resume (optional for new applicants).
4. A personal statement outlining your motivation to become an instructor (required for new applicants).

Declaration

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may result in disqualification from the instructor program.

Signature: _____

Date: _____

For Office Use Only

- **Application Reviewed By:** _____
- **Date:** _____
- **Comments:** _____