

Lifesaver International Qualifications

Training Center Application Form

Thank you for your interest in becoming an approved training center with Lifesaver International Qualifications. Please complete this application and submit it along with the required supporting documents to info@hayatinstitute.ae

Section 1: Organization Information

- **Training Center Name:** _____
- **Business License Number:** _____
- **Country of Registration:** _____
- **Year Established:** _____
- **Head Office Address:** _____

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- **Website (if applicable):** _____
 - **Primary Contact Person:** _____
 - **Position/Title:** _____
 - **Phone Number:** _____
 - **Email Address:** _____

Section 2: Training Center Overview

- **Total Number of Employees:** _____
 - **Number of Trainers/Instructors:** _____
 - **Number of Administrative Staff:** _____
- **Available Training Facilities:**
 - Classroom(s) Simulation Rooms Audiovisual Equipment First Aid Equipment
 - Others (please specify): _____
- **Courses Currently Offered:**
 - Basic First Aid Pediatric First Aid Advanced First Aid CPR and AED
 - Others (please specify): _____
- **Do you currently deliver courses aligned with any awarding body (e.g., AHA, ASHI, Highfield)?**
 - Yes No
 - If yes, please list awarding bodies: _____

Section 3: Interest in Affiliation with Lifesaver International Qualifications

- **Courses you plan to deliver under Lifesaver certification:**
 - Basic First Aid Pediatric First Aid Advanced First Aid CPR and AED
 - Others (please specify): _____
- **Expected Number of Participants Annually:** _____

- **Preferred Training Delivery Method:**
 Face-to-Face Online/Blended Learning Both

Section 4: Quality Assurance and Compliance

- **Does your training center have a quality management system in place?**
 Yes No
- **Do you have a process for monitoring and evaluating instructors?**
 Yes No
- **Are you prepared to comply with Lifesaver International Qualifications' policies and guidelines for training centers?**
 Yes No

Section 5: Supporting Documents

Attach the following documents with your application:

1. Copy of the business license.
2. Updated list of trainers/instructors (including certifications).
3. Photos or videos of training facilities.
4. Copies of certificates from other awarding bodies (if applicable).
5. Organizational profile or brochure.

Section 6: Declaration

I hereby declare that the information provided in this application is accurate to the best of my knowledge. I agree to adhere to the policies and guidelines of Lifesaver International Qualifications if approved as an affiliated training center.

Authorized Representative Name: _____

Signature: _____

Date: _____

For Office Use Only

- **Application Reviewed By:** _____
- **Date Reviewed:** _____
- **Approval Status:** Approved Pending Rejected
- **Comments:** _____