



Advanced Trauma Life Support®

(Under the Auspices of the Trauma Society of South Africa)
(Association not for gain)

CANDIDATE DETAILS (STUDENT / AUDITOR)

**PLEASE WOULD EACH CANDIDATE COMPLETE THE FOLLOWING FOR ATLS®
RECORD PURPOSES (Please print clearly)**

SURNAME: _____ MALE / FEMALE

FIRST NAME: _____ CALLING NAME: _____

QUALIFICATIONS: (University & Date) _____

I.D. or PASSPORT No.: _____ PHCSA / SANC No.: _____

(required for CPD Point purposes)

POSTAL ADDRESS: _____

BUSINESS ADDRESS: _____

RESIDENTIAL ADDRESS: _____

PHONE No.: (B) (____) _____ PHONE No: (H) (____) _____

FACIMILE No.: (____) _____ CELL PHONE: _____

E-Mail ADDRESS: _____ DIETRY REQUIREMENTS / FOOD ALLERGIES: _____

CMSA SURGERY CANDIDATE: YES / NO IF YES: INTERMEDIARY/FINAL & DATE: _____

SUMMARISED CV (Last 3 Years experience)

PRESENT POSITION HELD: _____

FOR OFFICE USE :

COURSE No.: _____ -S COURSE DATES: _____

COURSE SITE: _____ CANDIDATE No.: _____

COURSE TYPE: INSTRUCTOR / PROVIDER / REFRESHER

MANUAL SENT: _____ FEE PAID: R _____ DATE: _____

LETTER SENT: _____ CARD SENT: _____ CPD Alloc. _____

RECEIPT No.: _____ PRAT NO: _____