



# Emergency First Response Instructor Trainer Course 2020 January - May

		<i>Registration Deadline</i>	<i>Fee*</i>			<i>Registration Deadline</i>	<i>Fee*</i>
<input type="checkbox"/>	Düsseldorf, Germany <b>18 January 2020</b>  <b>Language: German</b>	11 January 2020	EUR 550	<input type="checkbox"/>	Hurghada, Egypt <b>19 April 2020</b>	12 April 2020	£450
<input type="checkbox"/>	Bristol, UK <b>24 January 2020</b>	12 February 2020	£450	<input type="checkbox"/>	Dubai, UAE <b>19 April 2020</b>	12 April 2020	£450
<input type="checkbox"/>	Kuopio, Finland <b>1 February 2020</b>	24 January 2020	£450	<input type="checkbox"/>	Riyadh, Saudi Arabia <b>April 2020</b>  <b>Language: Arabic</b>	April 2020	£450
<input type="checkbox"/>	Jeddah, Saudi Arabia <b>7 March 2020</b>  <b>Language: Arabic</b>	28 February 2020	£450	<input type="checkbox"/>	Tenerife, Spain <b>24 May 2020</b>	17 May 2020	EUR 550
<input type="checkbox"/>	Johannesburg, South Africa <b>22 March 2020</b>	16 March 2020	£450	<input type="checkbox"/>	Stockholm, Sweden <b>31 May 2020</b>	23 May 2020	£450

*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 \_\_\_\_\_