IRISH HEART FOUNDATION CPR & ECC TRAINING PROGRAMME
BLS, HEARTSAVER, CFR COURSE REGISTRATION FORM

(Please send course registration forms to your affiliated IHF Training Site)

Course Information

☐ **CPR for Family & Friends**   IHF Training Site_____

☐ **Heartsaver CPR & AED**   County _____

☐ **Heartsaver Online Part 2 Assessment**   Course Date _____

☐ **Heartsaver with CFR Community Add-On**   Start Time _____

☐ **BLS Provider**   Finish Time _____

☐ **Heartcode BLS Part 2 Assessment**   Number of students _____

☐ **BLS with CFR Community Add-on**   Student: Manikin Ratio _____:_____

Instructors	*Instructor IHF Number*	*Instructor Certification EXP Date*	*Instructor Signature*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

I verify that this information is accurate and truthful and that it may be confirmed. I also verify that students on this course were made aware of the **IHF & Laerdal Learning Platform Fair Processing Notice** in order to receive their electronic BLS/ Heartsaver course completion certificate. This course was taught in accordance with IHF/AHA/ PHECC guidelines.

_____   _____

Signature of Lead Instructor/ Course Coordinator   Date

Course date(s): _____

*Student name, email address & certification information are uploaded by Training Sites to **IHF/ Laerdal Learning Platform** – you will receive your ecard by email from Laerdal*	**Part 1 Cert** (Heartsaver Online/ Heartcode BLS)	*Skill sheet assessment (Pass/ NYC)*	*Written Exam Score(s) (BLS only) (Pass/ NYC)*	*Overall Result (Pass/ NYC)*
1. Name: 1. Email address to send ecard to:				
2. Name: 2. Email address to send ecard to:				
3. Name: 3. Email address to send ecard to:				
4. Name: 4. Email address to send ecard to:				
5. Name: 5. Email address to send ecard to:				
6. Name: 6. Email address to send ecard to:				