IRISH HEART FOUNDATION CPR & ECC TRAINING PROGRAMME BLS/ HEARTSAVER & CFR COMMUNITY INSTRUCTOR COURSE REGISTRATION FORM



(Please send completed instructor course paperwork and instructor course roster/ timetable to resus@irishheart.ie)

Course Information				
□ BLS & CFR Community Instructor Course□ Heartsaver & CFR Community Instructor Course		IHF Training Site: County:		
Course Finish Date		Student: Manikin Ratio:		
Provincial Faculty/ Instructors	Instructor IHF Nun	nber	Instructor Certification EXP Date	Instructor Signature
1.				
2.				
3.				
4.5.6.				
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6.				
<u>7</u> . 8.				
8.				
	ion Portal Fair Proc	essing Noti	ces in order to receive their electronic	es on this course were made aware of the IHF, Laerda BLS/ Heartsaver Instructor certificate and digital CFF ordance with IHF/AHA/PHECC guidelines.
Signature of Provincial Faculty/ Course Coordinator		D	ate	

Instructor Course date(s):	
Fair Processing Notice - By listing their name and email address below, instructor candidates agree to the Irish (https://ihf.eu.learning.laerdal.com/) & the PHECC Digital Certification Portal for up to 5 years after the date of IHF/AHA/PHECC BLS or Heartsaver instructor certificate after they are monitored and signed off. Anonymous st Association, Laerdal Medical & PHECC, for reporting and analysis purposes. Instructor name, email address and information from IHF. If you have any requests concerning your personal information or any queries with regard	instructor certification. The information will be used to contact instructors in relation to their electronic atistical data in relation to this programme may be shared with our programme partners, American Heart phone number will be processed on our secure IHF database to contact instructors directly about training queries o
Instructor name, email address & certification information are uploaded by IHF to our secure database and the IHF/Laerdal Learning Platform & PHECC digital certification portal – you will receive your AHA instructor ecard by email from Laerdal when you are monitored and signed off	Instructor postal address & contact number
1. Name:	
1. Email address to send AHA instructor ecard to:	
2. Name:	
2. Email address to send AHA instructor ecard to:	
3. Name:	
3. Email address to send AHA instructor ecard to:	
4. Name:	
4. Email address to send AHA instructor ecard to:	
5. Name:	
5. Email address to send AHA instructor ecard to:	
6. Name:	
6. Email address to send AHA instructor ecard to:	