Notification of Intention

**To conduct a one [1] day Paediatric Life Support (PLS) course**

Please forward this notification to the APLS National Office no later than four [4] weeks before the course.

**Date of Course \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**Anticipated Number of Candidates:**

**Course Venue:**

**Course Director:**

**Course Co-ordinators:**

**Provisional Faculty List:**

|  |  |
| --- | --- |
| 1 | 2 |
| 3 | 4 |
| 5 | 6 |
| 7 | 8 |

* Course Coordinator to notify the PLS Course Administrator whether APLS is to send the manuals in bulk to the hospital or whether manuals are to be sent to the Candidates directly
* The Course Co-Ordinator to inform the PLS Course Administrator and Equipment manager of any equipment requirements

I have read, understood and agree to abide by the regulations pertaining to the conduct of PLS Courses within Australia.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_