

## Customer site training checklist

**\*\*Please provide all information before course confirmation \*\***

Contact Person Name : \_\_\_\_\_

Contact Number : \_\_\_\_\_

Training Address : \_\_\_\_\_

Classroom name/No : \_\_\_\_\_

<b>Classroom requirement checklist</b>	Circle accordingly	
	✓ Yes	X NO
Room with natural daylight , good ventilation, Aircon / Fans and Window	✓ Yes	X NO
Usage of 1 Projector with screen or Television with HDMI cable	✓ Yes	X NO
Optional whiteboard with colour markers	✓ Yes	X NO
Room with tables and chairs	✓ Yes	X NO
Sufficient space to conduct practical session during bandaging + CPR + AED + choking training	✓ Yes	X NO
Photos of the provided classroom(s) ✓ Front view of classroom(s) ✓ Back view of classroom(s)	✓ Yes	X NO
Things to standby ✓ Extension cable ✓ Multi-plug	✓ Yes	X NO

**Above Information will be submitted to authority for approval to conduct class at customer site.**

**\*\*\*Failing to complete the form or class requirement does not meet and Training centre is not able to provide. Class will be conducted at Training Center venue.**