RESPOND TO FIRE EMERGENCY IN BUILDINGS

About the course: This course is designed to equip participants to function as a member of an emergency response team in order to implement the emergency response skills during as emergency incident in buildings.

Target Audiences:

- ERT of Public and Industrial Building with FSM and storing less than 5 metric tons of petroleum and flammable materials
- Premises storing petrol in underground tanks
- Premises storing diesel in aboveground tanks.

This course is for Company Emergency Response Team (CERT), Fire Safety officers and staffs who are first to respond to fire incident in buildings. Attaining competent in this course will enable the CERT to meet the requirements under the National CERT standard.

20 FSM Points

Approved by SSG

Assumed Skills & Knowledge:
Learners are assumed to:

1. Able to listen, read and write English at a proficiency level equivalent to ES Workplace literacy and numeracy level 4.
2. Recommended to have 1 year of working experience in any industry.

Entry requirements: Participant is required to fill up the Form A, (Self-Assessment Checklist & Fitness declaration form). If you have answered "Yes" to any of the questions, or if you are not 100% sure of the answer to any of the questions, in Form A, you will need to go through a medical screening before you can take part in the CERT courses. The certificate of fitness (Form C), needs to be endorsed by the examining doctor once he or she is satisfied that the participant is fit to attend the course. The participant will not be allowed to enrol for the course if he or she does not have a valid fitness declaration form or a certificate of fitness. Form A and Form C is attached below.

Medium of Instruction: English. Only participants with 100% attendance will be eligible to sit for the examination.
Provide only the participant's FIN/NRIC number, in the registration form, to avail the CPD points, as work permit number is not accepted.

Course Duration: 2 Days course; 16 Hours (incl 2 hours assessment) Kindly refer to our website for the latest schedule.
Exam format: Written assessment 30 MCQ + Practical assessment.

Course Fee: $ 528.65 (Inclusive of GST). Course code: TGS-2015500157
Please note that we will contact the trainees via email or phone to collect the feedback after the course completion.
Free Parking @ 64 Hillview Terrace (first come, first serve basis), free photo taking and safety card.

Student Registration form					
Company Name				Company Reg. no.	
Company Address				Course Date	
Contact Person Name				Course Language	
Contact Person Email				Course Venue	
Contact Person Mobile		Tel no:		Fax no:	
Participant details					
Participant Name				NRIC / FIN	
Participant Email				Participant mobile no.	
Nationality		Date of Birth		Race	
Designation		Education		Gender	
Salary Range : (1 - Below $1000, 2 - $1000-$1499, 3 - $1500-$1999, 4 - $2000-$2499, 5- $2500-$2999, 6 - $3000-$3499, 7 - $3500 & above)					
Refund Policy: Request for refund must be submitted in writing, before the course date. Refund of course fees is subject to our terms and conditions (refer website)					
Absolute Kinetics Consultancy Pte Ltd Tel : 6690 5555				Company seal	
Website: www.sg-akc.com Registration Email: register@sg-akc.com					

COMPANY EMERGENCY RESPONSE TEAM COURSE
SELF ASSESSMENT CHECKLIST & FITNESS DECLARATION FORM

This form applies to the following courses:
WSQ Respond to Fire & Hazmat Emergency (3 days course)
WSQ Respond to Fire Emergency in Buildings (2 days course)

The purpose of the following self-assessment checklist is to find out if you need to go through medical screening before signing up for a CERT course. Please read the questions carefully and answer each question honestly with a "YES" or a "NO".

1	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	YES / NO
2	Do you feel pain in your chest when you do physical activity?	YES / NO
3	In the past month, have you had chest pain when you were not doing physical activity?	YES / NO
4	Do you lose your balance because of dizziness or do you ever lose consciousness?	YES / NO
5	Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?	YES / NO
6	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	YES / NO
7	Do you know of any other reason why you should not do physical activity?	YES / NO

If you answered "Yes" to any of the above questions, or if you are not 100% sure of the answer to any of the questions, you will need to go through a medical screening before you can take part in the CERT courses. Please download the information for doctors (Form B) and the certificate of fitness (Form C) for your doctor to endorse from our website at https://www.scdf.gov.sg/home/fire-safety/cert

If you answered "No" to all of the above questions, you may use this form as a declaration of fitness and sign up for CERT courses without further medical screening. Please complete the declaration below and submit this form as a declaration of fitness together with your registration form to the training organisation.

I, _____ (name), NRIC number _____ (last 3 digits & alphabet), declare that all information provided is true. I am aware that the CERT courses have physically demanding activities and I will immediately inform the course instructors if I am feeling unwell.

_____ _____
Signature of course applicant Date

CERTIFICATE OF FITNESS

I examined _____ (name), NRIC number _____ (last 3 digits and alphabet), on _____ (date). I found the patient fit/unfit* to take part in the following courses (*please delete accordingly):

WSQ Respond to Fire & Hazmat Emergency (3 days course)

WSQ Respond to Fire Emergency in Buildings (2 days course)

In addition to reviewing the fitness declaration form provided by the participant (Form A), I have read the information for doctors (Form B) and have performed the following tests: (Provide details for certifying patient fit/unfit* for course)

Signature & Stamp of Doctor: _____

Name of Doctor: _____

Name of Hospital / Clinic: _____

Address of Hospital / Clinic: _____

_____

Telephone Number: _____

Date: _____