

**CERTIFICATE INFORMATION**

Full Name: \_\_\_\_\_

*\*As it should appear in the Completion Certificate*

Delivery Address

Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

*\*Please insert the contact number with the Country Code*

*\*Course Materials and Soft copy of the certificate will be sent to the above email address*

**IT SET-UP**

I confirm that I have the below IT set-up for attending TAHPI's Health Facility Planning Online Course

- 1) Microsoft OS-based Laptop \ Desktop
- 2) Internet with a minimum speed of 10 Mbps
- 3) Webcam
- 4) Speaker\Headphone with Mic
- 5) Internet Browser – Google Chrome only

- Please perform the mandatory Zoom VC self-test on <https://zoom.us/test> to ensure proper functioning of the mic and camera before course commencement.
- If a zoom test is required, please contact TAHPI's IT Support Officer via email ([support@tahpi.net](mailto:support@tahpi.net)) to schedule a test. If no email is received until 7 days before the course commencement date, it will be assumed that a test is not required.

**NON-DISCLOSURE AGREEMENT**

The course materials shall be distributed via Qdox to the registered email address at the end of each session.

It should be noted that:

- It is for personal use, training, and professional development only.
- It shall not be forwarded to any third party.
- It shall not be incorporated into other presentations, reports or submissions.
- It may be presented (displayed) to others with TAHPI's written agreement.
- It may be freely used for informing the participants, to improve their work methodology and fill knowledge gaps.

The training will be recorded, however, the recordings shall not be circulated to any, for copyright reasons.

**STUDENT INFORMATION**

Please provide the information in the below section, which will be used for student introduction: Current Employer:

Current Employer: .....

Current Role: .....

Photograph:

*To be sent as an attachment via email along with this form*

**COURSE SCHEDULE**

<b>Session 3</b> <b>5 August – 16 August 2024</b>	
5/8/2024 Monday	6.00pm – 9.00pm
6/8/2024 Tuesday	6.00pm – 9.00pm
7/8/2024 Wednesday	6.00pm – 9.00pm
8/8/2024 Thursday	6.00pm – 9.00pm
9/8/2024 Friday	2.30pm – 7.00pm
12/8/2024 Monday	6.00pm – 9.00pm
13/8/2024 Tuesday	6.00pm – 9.00pm
14/8/2024 Wednesday	6.00pm – 9.00pm
15/8/2024 Thursday	6.00pm – 9.00pm
16/8/2024 Friday	2.30pm – 7.00pm

\*Time indicated above is Dubai, United Arab Emirates Time

**DISCLAIMER AND SIGNATURE**

- I certify that the information above is correct and complete to the best of my knowledge.
- I agree to the terms and conditions under the non-disclosure agreement section of this form.
- I hereby consent to the recording and use of my testimonial for marketing purposes by TAHPI.
- I confirm that I have clearly understood the modules that will be covered in this training as shared in the link <https://youtu.be/AnXGRbAnf-Q>

**Acknowledgment**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_