

First Aid Service Request Form

ފުރިހަމަކުރުމަށް ދަންނަވާ ފޮޅު

APPLICANTS INFORMATION:

Company/Office/Organisation Name: ޤައުމީ ޔުވަތަ ޖަމިއްޔާގެ ސަރުކާރު	
Address: އަދަދު	
Contact Person Details <small>މަޢުލޫމާތު ފޯމުގެ ފުރިހަމަކުރުމަށް</small>	Name: ނަންމު Designation: ފަންޞިއްޔާ
	Tel: ފޯން Mobile: މޮބައިލް Fax: ފެކްސް
	Email: އިމެއިލް

ACTIVITY INFORMATION

Please fill the following details about the event/activity that First Aid service is being requested for:

Event Type <small>ފޯމުގެ ފުރިހަމަކުރުމަށް</small>	Sports Event <small>ކްރިކެޓް ފޯމުގެ ފުރިހަމަކުރުމަށް</small>	Camp <small>ލޭބަރު</small>	Family Evening <small>އިރުކު ރަވީޔު</small>	Children's Event <small>ކުދިންނަށް ހިމެނޭ ފޯމުގެ ފުރިހަމަކުރުމަށް</small>
	Picnic/Team Building <small>ފަންޞިއްޔާ/ޓީމް ބިލްޑިންގ</small>	Rally/Walk <small>ފޯމުގެ ފުރިހަމަކުރުމަށް</small>	Other (please specify): (ނަންބަރު ދެއްކެވުމަށް):	
Location: <small>ފޯމުގެ ފުރިހަމަކުރުމަށް</small>				
Event Name/Details <small>ފޯމުގެ ފުރިހަމަކުރުމަށް</small>				

Activity Date (day/month/year) <small>ފޯމުގެ ފުރިހަމަކުރުމަށް</small>	No: of hours <small>ފޯމުގެ ފުރިހަމަކުރުމަށް</small>	Time (00.00hrs to 00.00hrs) <small>(00:00 ފަންޞިއްޔާ 00:00 ފަންޞިއްޔާ)</small>	No: of people participating in the event: <small>ފޯމުގެ ފުރިހަމަކުރުމަށް</small>	
			Age 5 – 10:	Age 10 – 18:
			Age: 18 - 40	Age 40 above:

FIRST AID SERVICE REQUESTED BY:

<p>I have read and agree to the "TERMS AND CONDITIONS FOR PROVISION OF FIRST AID SERVICE" overleaf. <small>މަތީ ފަންޞިއްޔާ ފޯމުގެ ފުރިހަމަކުރުމަށް ފޯމުގެ ފުރިހަމަކުރުމަށް ފޯމުގެ ފުރިހަމަކުރުމަށް</small></p> <p>Name of person requesting: ފޯމުގެ ފުރިހަމަކުރުމަށް</p> <p>Designation: ފަންޞިއްޔާ</p> <p>Date and Signature: ފޯމުގެ ފުރިހަމަކުރުމަށް</p>	<p>Company/Organisation stamp: <small>ފޯމުގެ ފުރިހަމަކުރުމަށް</small></p>
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For Office Use Only:

Request No:	Date Received:	Received By (name, sign):
Request Approved (Y/N)	Approved Date:	Approved By (name, sign):
Number of FA assigned	Service Delivery Organized by:	
Service Delivered (Y/N)	Name:	Sign: Date:

6. ދިވެހި ރާއްޖޭގެ ރަތް ސަލާމަތް ގެ ދަށުން ދިވެހި ރާއްޖޭގެ ރަތް ސަލާމަތް ގެ ދަށުން ދިވެހި ރާއްޖޭގެ ރަތް ސަލާމަތް ގެ ދަށުން

(ރ) ދިވެހި ރާއްޖޭގެ ރަތް ސަލާމަތް

(ސ) ދިވެހި ރާއްޖޭގެ ރަތް ސަލާމަތް

(ޒ) ސަލާމަތް ސަލާމަތް - ރަތް ސަލާމަތް ސަލާމަތް ސަލާމަތް

(ޒ) ސަލާމަތް ސަލާމަތް ސަލާމަތް ސަލާމަތް ސަލާމަތް ސަލާމަތް ސަލާމަތް ސަލާމަތް ސަލާމަތް ސަލާމަތް

For further information please contact:

Maldivian Red Crescent – National Headquarters

Post Building (4th Floor), Boduthakurufaanu Magu,
Male', Maldives.
Tel: + (960) 334 1009, Fax: + (960) 334 7009
Email: info@redcrescent.org.mv
Website: www.redcrescent.org.mv

Maldivian Red Crescent – HDh Branch

Tel: + (960) 990 6726, Fax: + (960) 990 6725
Email: haadhaal.branch@redcrescent.org.mv

Maldivian Red Crescent – Noonu Branch

Tel: + (960) 990 6731
Email: noonu.branch@redcrescent.org.mv

Maldivian Red Crescent – Thaa Branch

Tel: + (960) 990 6723, + (960) 990 6724
Email: thaa.branch@redcrescent.org.mv

Maldivian Red Crescent – Lhaviyani Branch

Tel: + (960) 990 6721, + (960) 990 6722
Email: lhaviyani.branch@redcrescent.org.mv

Maldivian Red Crescent – Seenu Branch

Tel: + (960) 990 6706, +960 6888523
Email: seenu.branch@redcrescent.org.mv

Maldivian Red Crescent – Male' Branch

Tel: + (960) 990 6719, + (960) 990 6720
Email: male.branch@redcrescent.org.mv

Maldivian Red Crescent – Gnaviyani Branch

Tel: + (960) 990 6727, Tel: + (960) 990 6728,
Email: gnaviyani.branch@redcrescent.org.mv
