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|  | **Tel: 016 366 7131**  **Fax: 086 538 5639**  [**acts@actscc.co.za**](mailto:acts@actscc.co.za)  **www.actscc.co.za**  **Reg No 2003/089948/23** |

***Course in Spirometry***

We would like to take this opportunity to thank you for your interest in our range of services offered. We have taken a holistic approach which includes the Operator, Medical practitioner and Quality control program.

The following services are offered:

**A. Training:**

* Spirometry Training Course
* Spirometry Refresher Course

**B.** **Details of 3 Day course in Spirometry**:

* Students will receive a full course manual
* Training course complies with SANS451: 2008 and is in line with Spirometry Unit Standard SAQA252125
* Three days: First day comprehensive theory, second day includes theory, practical, hands on equipment and the third day revision and written test
* The candidate must pass the test with a minimum of 70% and complete an assignment, including 10 patient results illustrating acceptability and repeatability spirograms
* The candidate will be assessed on an assignment received and if successful receive a competency certificate
* Unsuccessful students can arrange to rewrite the test within two weeks, with an additional cost
* The training equipment used meets and exceeds the ATS-ERS 2005, ATS/ERS 2019 and SANS 451: 2008 (South African National Spirometry Standard)

**C. Core components of the Spirometry Training Course:**

* Anatomy and Physiology of the lung
* Introduction to the ATS/ERS 2005, ATS/ERS 2019 Spirometry standards
* Equipment, Calibration, Infection control
* Lung volumes and sub-divisions
* Flow volume loop
* Patient preparation
* Test procedure
* Test quality: Acceptability, Repeatability and Usability
* Interpretation: Normal, Obstruction, Restriction and Combined Obstruction and Restriction
* Test examples

**D. The objective of the course is**:

1. The goal of the Spirometry Training Course is to provide the student with the skills, knowledge and practical experience to effectively perform acceptable and repeatable spirograms for the purpose of occupational and medical surveillance of the lung function in humans.
2. To be able to apply knowledge to ensure the Spirometer conforms to recognized standards and performance standards
3. Use the correct procedure to prepare the patient
4. To be able to recognize poor patient technique
5. To be able to recognize a normal and abnormal flow volume loops

**Duration : Full Course -3 Days**

**Time : From 08:00 – 16:00**

**Attendance : Certificate (Theory & Practical exam)**

**Cost : R5450.00 payable**

**Payment : 2 weeks in advance**

**Venue : Sha-mani Lodge**

**Address : 7 Launceston Road, New Redruth, Alberton**

**Lunch : Provided by lodge**

**Please note: Accommodation to be booked directly with Sha-mani lodge.**

**Contact Sha-mani**

**Email: info@sha-mani.co.za**

**Tell: 011 869-0608**

Thanking you for your support

ACTS

Tel: 016 366 7131

Fax: 086 538 5639

Email: [info@actscc.co.za](mailto:info@actscc.co.za)

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Please take note, this document and any attachments are confidential and intended solely for the addressee and may also be privileged or exempt from disclosure under applicable law. If you are not the addressee, or have received this e-mail in error, please notify the sender immediately, delete it from your system and do not copy, disclose or otherwise act upon any part of this e-mail or its attachments. Internet communications are not guaranteed to be secure or virus-free. We do not accept responsibility for any loss arising from unauthorised access to, or interference with, any Internet communications by any third party, or from the transmission of any viruses. We may monitor replies to this e-mail for operational or business reasons. Any opinion or other information in this e-mail or its attachments that does not relate to our business is personal to the sender and we do not endorse it. If a candidate was sent via a company, the company has the right to receive and / or request the candidate’s result/s and certificate/s.

**Please sign hereunder in acknowledgement of receipt and agreement in respect of the above mentioned contents.**

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***Registration Form***

***Spirometry (3 Day Course)***

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| **10-12 June 2024** | **17-19 July 2024** | **14-16 August 2024** |
| **Please mark the date you wish to attend** | | **3 Day Course 08:00 – 16:00** |
| **Please attach copy of ID** | | **Amount R5450.00** |

***Company Information***

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name |  | | |
| Company Vat No |  | | |
| Contact Person for account |  | | |
| Contact Tel |  | Email: |  |

***Candidate Information***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname | |  | | | | | | | | | | | |
| First Names | |  | | | |  | | | |  | | | |
| I D No: |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Contact Tel | |  | | | | | | | | | | | |
| Whatsapp No: | |  | | | | Email address: | | | |  | | | |

**Payments and important information:**

* Full payment due 2 weeks before commencement of course.
* **ONLY EFT PAYMENTS ACCEPTED –BANKING CHARGES ARISING FROM CASH BANK DEPOSITS WILL BE INVOICED FOR**.
* Candidates may only attend the course after full payment has been received.
* **Please forward proof of payment, registration form and copy of ID to:** [**info@actscc.co.za**](mailto:info@actscc.co.za) **or Fax 086 538 5639.**
* Should you not be able to attend the course for any reason, ACTS must be notified at least 1x week prior to commencement of course, failure to do so will result in us deducting 10% of the course amount as a cancelation fee
* ACTS reserves the right to change dates and re schedule courses should there be less than 20 candidates. ACTS will notify candidates of such changes 2 weeks in advance of the scheduled course.
* Please confirm course dates prior to making a booking.

**Banking Details**

ABSA Bank

Account – Audiometric Calibration and Training Services cc

Account No: 405 876 3539

Branch-Alberton

Branch Code: 63-20-05

***Please note our courses are non-refundable but transferable only to the following 2x course dates thereafter. By signing below, you acknowledge and agree with our terms and conditions; as well as confirm that you have read through and understand this document. In any event of uncertainty, you agree to contact us.***

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