Hostile Environment Awareness Training



(HEAT)

RPS are pleased to announce their next 3 day HEAT course 5th, 6th 7th July 2016 Easthampsted Park Hotel Workingham

RPS specialise in making training courses as realistic as possible, planning for the worst possible scenario, to ensure that you are fully prepared to deal with any challenges that you may face in a hostile or unfamiliar environment.

Subjects covered:

Planning - Journey management Conflict management - Personal security – Disengagement skills Cultural considerations - Weapon awareness - Demonstrations Abduction/hostage situations – High impact crimes Natural Disasters – Weapon Awareness – Mines / IEDs / UXOs

Medical training (EFAW) and Remote trauma

Why RPS ?

We have a diverse and unique team of male and female consultants; who not only have many years of experience; but who are still travelling with and providing security advice to our clients, journalists, NGOs, and exec travellers in remote and difficult places of the world – enabling them to bring a wealth of up to date experiences back into the learning environment of our courses to share real time experiences and advice with you

All RPS consultants are qualified trainers and hold nationally recognised training qualifications.

Post Course: on successful completion of the course; each delegate will receive RPS attendance certificate EFAW medical certificate (valid for 3 years)





| REGISTRATION FORM | | | | | |
|---|---|------------------------------|--|--|--|
| COURSE DATE: | | | | | |
| In order to confirm a place on the course; please complete and return this form to RPS as soon as possible. | | | | | |
| Please use BLOCK CAPITALS and return the form by e mail | | | | | |
| info@rpspartnership.com | | | | | |
| Company Details | | | | | |
| Contact Name: | Company Name | | | | |
| | | | | | |
| Address: | | | | | |
| Address: | | | | | |
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| Contact Tel No: | Company Tel No | : | | | |
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| Personal Details (Course Attendees) | | | | | |
| | Please print your name clearly as this will appear on you | ur certificate. | | | |
| First Name: | Family Name: | | | | |
| Date of Birth: | Sex: | | | | |
| | Country of | | | | |
| Nationality: | Residence: | | | | |
| Address: | | | | | |
| Please note; your | | | | | |
| Certificate will | | | | | |
| be | | | | | |
| Posted to this | | | | | |
| address | | | | | |
| Tel Number: | Mobile No: | | | | |
| E mail Address: | | | | | |
| Job Title: | Employed / | | | | |
| F actorian | Freelance | | | | |
| Emergency Contact name: | Emergency | | | | |
| | contact no: | s and relevant information : | | | |
| What previous experience do you have in hostile regions ? Please add dates and relevant information : | | | | | |
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For more information please visit us at www.rpspartnership.com and contact us on +44 (0) 1225 290210 or

info@rpspartnership.com

'Giving you peace of mind in a challenging world'



| Medical Details | | | | | |
|---|--------------------------------------|----------------------|----------------------------|--|--|
| Doctor Name: | | Doctors Address: | | | |
| | | | | | |
| Telephone | | Emergency | | | |
| number: | | number: | | | |
| Do you have any medical conditions or take any prescription medicines that we should know about? It is | | | | | |
| very important we are aware of any medical conditions or disabilities you may have. Failure to disclose | | | | | |
| this may put your health & safety in danger, and inconvenience or even endanger other course attendees: | | | | | |
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| Do you have any dietary restrictions: | | | | | |
| Do you have any t | | | | | |
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| | ve hearby provided all information i | | | | |
| | ay be deemed appropriate. I have r | ead, understood, and | agree to the RPS Terms and | | |
| Conditions set out herein. | | | | | |
| Print Name: | | Job Title: | | | |
| | | | | | |
| Company Name | | | | | |
| & Address: | | | | | |
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| | | | | | |
| Date: | | | | | |

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