

Full Name: _____

Phone Number: _____

Referral Agency Course request

Please check box of requested course with date:

- | | | | |
|--------------------------|----------------------------------|----------|--------------|
| <input type="checkbox"/> | Basic First Aid | \$115.00 | Date: _____ |
| <input type="checkbox"/> | Intermediate First Aid (2 days) | \$150.00 | Dates: _____ |
| <input type="checkbox"/> | Intermediate First Aid Recert | \$120.00 | Date: _____ |
| <input type="checkbox"/> | Child Care First Aid (2 days) | \$125.00 | Dates: _____ |
| <input type="checkbox"/> | Basic Life Support CPR | \$85.00 | Date: _____ |
| <input type="checkbox"/> | Mental Health First Aid (2 days) | \$185.00 | Date: _____ |

Course schedules are available at www.firstaidsafetytraining.ca

Once form completed turn into agency for approval

Second Chance CPR & First Aid will register client upon receiving original approval form

*Prices do not include GST