

Full Name: _____

Phone Number: _____

Referral Agency Course request

Please check box of requested course with date:

- | | | | | |
|--------------------------|-------------------------------|------------------|----------|--------------|
| <input type="checkbox"/> | Emergency First Aid | 9:00am – 5:00pm | \$110.00 | Date: _____ |
| <input type="checkbox"/> | Standard First Aid (2 days) | 9:00am – 5:00pm | \$145.00 | Dates: _____ |
| <input type="checkbox"/> | Standard First Aid Recert | 8:00am – 5:00pm | \$115.00 | Date: _____ |
| <input type="checkbox"/> | Child Care First Aid (2 days) | 9:00am – 5:30pm | \$120.00 | Dates: _____ |
| <input type="checkbox"/> | Basic Life Support CPR | 6:00pm – 10:00pm | \$80.00 | 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