

Full Name: _____

Phone Number: _____

Referral Agency Course request

Please check box of requested course with date:

<input type="checkbox"/>	H2S Alive	8:30am – 4:30pm	\$160.00	Date: _____
<input type="checkbox"/>	Ground Disturbance II	8:30am – 4:30pm	\$160.00	Dates: _____
<input type="checkbox"/>	Fall Protection	8:30am – 5:30pm	\$180.00	Date: _____
<input type="checkbox"/>	Confined Space	8:30am – 4:30pm	\$180.00	Dates: _____
<input type="checkbox"/>	Food Safety	8:30am – 4:30pm	\$100.00	Date: _____
<input type="checkbox"/>	WHMIS	Self Study	\$65.00	Dates: _____
<input type="checkbox"/>	TDG	Self Study	\$65.00	Date: _____
<input type="checkbox"/>	Qualitative Fit Test	30 min	\$50.00	Date: _____
<input type="checkbox"/>	_____		\$_____	Date: _____

Course schedules are available at www.firstaidsafetytraining.ca

Once form completed turn into agency for approval

Spectrum Safety Services will register client upon receiving original approval form

*Prices do not include GST