

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Referral Agency Course request

Please check box of requested course with date:

- |                          |                                  |               |                       |
|--------------------------|----------------------------------|---------------|-----------------------|
| <input type="checkbox"/> | Emergency First Aid              | _____ - _____ | \$115.00 Date: _____  |
| <input type="checkbox"/> | Standard First Aid (2 days)      | _____ - _____ | \$150.00 Dates: _____ |
| <input type="checkbox"/> | Standard 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](http://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