

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

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

## Referral Agency Course request

Please check box of requested course with date:

<input type="checkbox"/>	H2S Alive	____-____	\$160.00	Date: _____
<input type="checkbox"/>	Ground Disturbance II	____-____	\$160.00	Dates: _____
<input type="checkbox"/>	Fall Protection	____-____	\$180.00	Date: _____
<input type="checkbox"/>	Confined Space	____-____	\$180.00	Dates: _____
<input type="checkbox"/>	Food Safety	____-____	\$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](http://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