



# Funding Request First Aid/CPR Training

This form is used to assist in determining financial assistance for First Aid/CPR training from the First Aid Coordinator training budget only. This is not an assessment to identify the need/requirement of First Aid/CPR training. Please contact Risk and Safety Services for any questions or concerns regarding assessments for the level of First Aid/CPR recommended/required.

First aid training may be eligible for funding by the First Aid Coordinator and/or individual departments. Those applications not eligible to receive funding from the First Aid Coordinator are encouraged to further discuss funding with their managers. In some circumstances, individuals may be required to use professional supplement or pay out of pocket for courses.

Date  
(mm/dd/yyyy)

Name

Date of Birth  
(mm/dd/yyyy)

Phone Number

E mail

Position/Title

Department

Supervisor

First Aid/CPR Course Requested

Current Certification Expiry  
(please provide copy of current certificate)



## 1. Please select your employment area:

Security (Complete questions 2 and 8)

Maintenance/Facilities (proceed to questions 2-3 and 8)

Office/Clerical (proceed to questions 2-3 and 8)

Instructional/Laboratory/Research (proceed to question 2)

Student on a work term (proceed to question 2)

Other

## 2. Are you designated to provide first aid/CPR in your area?

Yes

No

3. Does your area have an employee designated to provide first aid?

Yes

No

Unsure

4. Please describe your employment area (Check all that apply)

Classroom

Laboratory

Research

Off site/Field Instruction (briefly describe)

5. Which of the following does your instruction/research include? (Check all that apply)

Office/Clerical

Outdoor work/instruction

Biological Agents

Chemical Agents

Physical/Mechanical Hazards

6. Please briefly explain the main hazards of your work activities or environment.

7. Has a hazard assessment report for your instructional or research setting been completed?

Yes

No (please contact Risk and Safety Services for assistance)

8 Please describe any additional reasons to support funding for first aid/CPR training for your position that may not have been included above.

Any questions or concerns please call the First Aid Coordinator at 403-332-4469.  
Please email completed forms to the First Aid Coordinator at the Health Centre at  
[c.harsch@uleth.ca](mailto:c.harsch@uleth.ca).

Registration forms will be distributed following completion and review of the Funding Request Form. Thank you!



For Office Use Only

Date Received  
(mm/dd/yyyy)

Reviewed By:

R&SS Hazard Assessment Confirmed

Yes

No

Funding Priority

Funding Amount Authorized

Course Required

Course Booked (mm/dd/yyyy)

Department Notified

Course Completed

Certification Received