

**CAMPUS SAFETY**

First Aid Training Registration

This form is used to register for First Aid Training and determine eligibility for funding.

See Procedure on p. 3 of this form. Questions?? Contact **Safety Services**.

Submit completed form to safety.services@uleth.ca. A response will be provided within 7 days.

Date (mm/dd/yyyy)	Name	
<input type="text"/>	<input type="text"/>	
Campus or Cell Phone Number	E mail	Position/Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Department	Name of Supervisor	
<input type="text"/>	<input type="text"/>	
First Aid/CPR Course Requested	If currently certified, provide date of expiry: (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	
Date and Location of Above Course (mm/dd/yyyy)	Which Company is providing your training?	
<input type="text"/>	<input type="text"/>	

1. Please briefly explain the main reason you are requesting First Aid Training within the Workplace.

2. Please chose from a description of yourself from below:

- I am working in Campus Safety (includes Security Services)
- I am working in Facilities
- I am a Full-Time University employee involved in Field Work Activities

type of field work

- I am a Lab Instructor /Faculty/Teaching working in lab settings with chemicals

type of chemicals

- I am a Field Research Activities or Extracurricular Lab Activities

indicate type of activity

- I am Designated as a First Aider in my area.

Other

3. My employment status:

- Undergraduate student
- Part-student/part staff
- Full-time Continuing staff
- Faculty
- Graduate Student
- Post-Doctoral Fellow

Other Please indicate type of employment status

4. A hazard assessment will show specific needs within a position for first aid services. Has a hazard assessment report for your position or work unit/research setting been completed and discussed with you (should occur on a yearly basis)?

- Yes (please forward copy to Safety Services for review)
- No (please contact Safety Services for assistance)

5. Please describe any additional reasons to support need for First Aid/CPR training, not included above.

6. Funding Mechanisms available for First Aid courses include:

- a: Individual Department Funds
- b: Professional Supplements
- c: Research Money
- d: Funds Administered by Campus Safety for Designated First Aiders
- e: Personal funding
- f: Unknown

Which of the funding mechanisms are you intending on using?

7. Cancellations

Campus Safety will review this form and confirm with Supervisor and Worker before sending registration information to training agency. However, once registration information is sent, cancellations should be dealt with by:

- 1) Calling Training Agency and cancelling as per their policies/cancellation fee schedule
And
- 2) Contacting Safety Services at safety.services@uleth.ca Safety Services reserves the right to Charge a University of Lethbridge cancellation fee

Cancellation Rules/Fees: Once Registration is exchanged between Campus Safety and the Training Agency/Facility- No shows and cancellations which are received less than **5 business days** to the University of Lethbridge Safety Services office prior to class may be charged a \$40 cancellation fee to the FOAP provided below:

FOAP:

Procedure:

- 1) Discuss first aid training with supervisor
- 2) Fill out this form and SUBMIT FORM TO SAFETY SERVICES -- safety.services@uleth.ca Safety Services will contact you and supervisor and send registration information to training facility. An email will be sent to you with confirmation of course registration
- 3) Attend Course
- 4) Give copy of course certificate to Supervisor and scan to safety.services@uleth.ca
- 5) Be Proud that you are assisting your community within your First Aid Training guidelines

For Campus Safety – Safety Services Use Only

Date Received
(mm/dd/yyyy)

Reviewed By:

Current certification/expiry date (if applicable):

Funding Source

Funding Amount Authorized

Safety Service FOAP used (yes or no)

Course Type

Course Date (mm/dd/yyyy)

Applicant/Supervisor or Department Notified

Registration Form sent to Training Facility sent on (Date)

Name of Facility and Location providing Training

Notice of Cancellation _____ **date received. Charge for Cancellation?** _____

Certificate Received: YES _____ date NO

Master List Updated: YES _____ date NO