



Campus Safety

First Aid Training Registration

INSTRUCTIONS:

1. Supervisor approval for training is required for application. Submit completed form to safety.services@uleth.ca.
2. Ensure this form is **completed in full**. Click this link [St. John Ambulance](#) to search available course dates. If requesting training from another provider, ensure this is detailed below.
3. Safety Services may contact you (and your supervisor) for further information. If accepted, Safety Services will submit your registration information to the training agency. An email will be sent to you with registration confirmation. **Note: cancellation and rescheduling fees may apply (see below).**
4. Attend course and provide a copy of your training certificate to your supervisor.

| DATE (dd/mmm/yyyy) | DEPARTMENT | SUPERVISOR |
|--------------------|------------|------------|
| | | |

| NAME | PHONE # | EMAIL | POSITION/TITLE |
|------|---------|-------|----------------|
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Training Agency – St. John Ambulance

If requesting different agency, provide details below:

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If recertifying, provide training agency name, level of training and expiry date (dd/mm/yy):

| Training Agency Name | Level of Training | Expiry Date (dd/mmm/yyyy) |
|----------------------|-------------------|---------------------------|
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| First/Aid/CPR Course Requested | Location of Training | Date of Training (dd/mmm/yyyy) |
|--------------------------------|----------------------|--------------------------------|
| | | |

1. My employment status:

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|---|--|---|---------------------------------|
| <input type="checkbox"/> Full-time Continuing Staff | <input type="checkbox"/> Undergraduate student | <input type="checkbox"/> Post-Doctoral Fellow | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Faculty | <input type="checkbox"/> Graduate Student | |

2. Select your employment role from the list below:

| | | |
|---|--|---------------------------------|
| <input type="checkbox"/> Campus Safety (includes Security Services) | <input type="checkbox"/> Conducting Field Research/Teaching Activities | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Lab Instructor/Faculty in laboratory setting | |
| <input type="checkbox"/> Designated First Aider in my Department/Unit | <input type="checkbox"/> Conducting Extracurricular Lab Activities | |

3. Provide rationale to support this request for First Aid Training

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4. Indicate the funding source for First Aid Training fees:

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|--|--|
| <input type="checkbox"/> Department Funds | <input type="checkbox"/> Personal Funds |
| <input type="checkbox"/> Professional Supplement | <input type="checkbox"/> Funds administered by Campus Safety for Designated First Aiders |
| <input type="checkbox"/> Research Funds | <input type="checkbox"/> Unknown |

Note: method of payment (e.g. purchase order) will be required if Campus Safety funding is not available.

5. Cancellations

Campus Safety will review this request and confirm with Supervisor and Worker before completing registration with the training agency. Once registration information is sent to the Training Agency, cancellations must be made by:

- 1) **Contacting Training Agency** and canceling as per their policies for cancellation or rescheduling, **and**
- 2) **Contacting Safety Services** at safety.services@uleth.ca

Cancellation Rules/Fees: Costs for 'no shows' and cancellation/rescheduling requests received by Training Agency less than **5 business days** prior to class date **will be charged to the requesting department.**
Training Agency rules may be subject to change so ensure you understand the confirmation information sent to you.

For Campus Safety – Safety Services Use Only

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|-----------------------------|--------------|--|
| Date Received (dd/mmm/yyyy) | Reviewed By: | Current Certification/expiry date confirmed (if applicable): |
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|---------------------------|----------------|
| Funding Amount Authorized | Funding Source |
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|-------------|---------------------------|
| Course Type | Course Date (dd/mmm/yyyy) |
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| Applicant/Supervisor or Department Notified? |
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|--|--|
| Registration Form sent to Training Facility (Date) (dd/mmm/yyyy) | Name of Facility and Location Providing Training |
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|--|--------------------------|-------------|
| Notice of Cancellation, Date Received: | Charge for Cancellation? | |
| Certificate Received? | YES | DATE: _____ |
| Master List Updated? | YES | DATE: _____ |

(dd/mmm/yyyy)