

# Application for Critical Incident Stress Management Training

**Complete and return this form to:** CDES Program Coordinator  
First Nations' Emergency Services Society of British Columbia (FNESS)  
1257 – 409 Granville Street, Vancouver, BC, V6C 1T2  
Tel: (604) 669-7305 Fax: (604) 669-9832 **Toll Free BC: (888) 388-4431**

Date of Application: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Contact's Position: \_\_\_\_\_

Name of Community (Band)/ Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_

**Training Facility Address:** \_\_\_\_\_

Type of **CISM** program requested:

Have you had previous CISM Training? Yes  No

*(Place a check mark in the appropriate box)*

Is there a CISM team in your region? Yes  No

Basic CISM

Note: Minimum of **15** participants must be registered to attend....

Peer Support/Assisting Individuals in Crisis

Costs: **FNESS Membership** (Annual dues \$10.00)  
*All workshop participants MUST BE FNESS Members !*

CISM Team Development

Number of students \_\_\_\_\_ Preferred Month for training: \_\_\_\_\_

What are your expectations of FNESS regarding delivery of the training?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This section to be completed by FNESS staff.**

ICISF Course # \_\_\_\_\_

Course approved: Yes  No  Scheduled Date(s): \_\_\_\_\_

Instructor: \_\_\_\_\_ Instructor Confirmed (*signature*): \_\_\_\_\_

FNESS Approval (*signature*): \_\_\_\_\_ Date \_\_\_\_\_