



Application for Critical Incident Stress Management Training

Complete and return this form to:

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) 822-3388

Date of Application: _____

Name of Contact: _____

Contact's Position: _____

Name of Community (Band)/ Organization: _____

Mailing Address: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

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

CISM Team Development

Number of students _____ Preferred Month for training: _____

Signature of Administrator _____

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 _____