

CPR / First Responder Training APPLICATION FORM

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) 388-4431

First Nation Name: _____

Contact Person: _____

Position: _____

Band Administrator Name: _____

Signature: _____

Mailing Address: _____

Telephone: () _____

Fax: () _____

Email: _____

Type of PROGRAM REQUESTED: (Place a check mark in the appropriate box)

CPR Basic Rescuer Level C

FR - AED Endorsement

First Responder Level 2

FR – Spinal Endorsement

First Responder Level 3

How many students are recertifying / re-licensing? **CPR** _____ **First Responder** _____

Total Number of Students _____ (**max. 12**)

**Student List must be completed & submitted to FNESS no less than 3 weeks prior to scheduled training dates*

Please allow a MINIMUM of 90 Days to Setup the Training program.

Preferred Dates for training: _____

Please Note: This training program is sponsored by FNESS, so you MUST BE a FNESS Member to participate.
FNESS shall cover the costs of **COURSE FEES** (tuition) and **COURSE MATERIALS** for the training program.
All travel, accommodations & meals expenses shall be the sole responsibility of the registrants.

The FNESS CANCELLATION POLICY* shall be in effect and applicable for ALL Bands registering.

***FNESS CANCELLATION POLICY:** ALL Registered participants **MUST** provide FNESS with NO LESS than five (5) business days notice to CANCEL. If five (5) days notice is not provided, the participant shall be responsible to recruit a replacement participant to attend the session(s) in their place OR FNESS shall INVOICE the participant's BAND for **\$300** per absentee student.