WHSC
WORKERS HEALTH & SAFETY CENTRE

Training for What **Matters** Most

First Aid Training Registration Form

PLEASE COMPLETE ONE FORM FOR EACH REGISTRANT.

Registrant Information:

Name: _____

Year of Birth: _____

Shipping Address (for virtual course materials where applicable):

_____

City/Province: _____

Postal Code: _____

Home Phone: _____

Mobile Phone: _____

Work Phone/Extension: _____

Email: _____

Preferred Contact No.: ☐ Home ☐ Mobile ☐ Work

JHSC Member: ☐ Yes ☐ No

☐ Worker ☐ Management

Union & Local # (If applicable):

_____

Union Position: ☐ Yes ☐ No

Employer Information:

Contact Name: _____

Address: _____

Postal Code: _____

Email: _____

Organization: _____

City/Province: _____

Phone No./Extension: _____

WHSC Discount No. or Promo Code (if applicable): _____

Course Information: *Prices (per person) do not include 13% HST*

☐ **Basic First Aid & CPR/AED Level C**	$108.50
☐ **CPR/AED Level C**	$85.50
☐ **CPR/AED Level C – Recertification**	$79.50
☐ **Intermediate First Aid & CPR/AED Level C**	$130.00
☐ **Intermediate First Aid & CPR/AED Level C – Recertification**	$108.50

Date of Course: _____

Location of Course: _____

Don't see a course you need,
or need First Aid training in French,
contact a WHSC Provincial Training Specialist
to explore your options.

Payment Options: *Please note we cannot process payments using pre-paid credit cards.*

Cardholder Name: _____

Credit Card Number: _____

CVV: _____ Expiry: _____ (Month/Year) ☐ VISA ☐ Master Card ☐ Amex

Please e-mail form to contactus@whsc.on.ca

cope:343 Nov/26

WHSC Privacy Policy: Method of payment information gathered by this form is confidential. Other information gathered by this form may be shared, upon request, with an organization with which the registrant is employed or a union in which he or she is a member, for the purposes of verifying completion of the training taken.