



First Aid Training Registration Form – Identified First Aiders

Please complete all information below and email this completed form to ehs.office@utoronto.ca

Individuals will be contacted with details if approved to register for the Standard First Aid Course.

Note: Registration will not be accepted unless the registrant is assigned to a first aid station.



PERSONAL INFORMATION

Full Name: _____

Personnel Number: _____ UTORid: _____

Department: _____

Job Title: _____

U of T Phone: _____

U of T Email: _____

Preferred Training Session Date: _____



FIRST AID STATION INFORMATION

Building: _____

Address: _____

Room: _____

Location in Room: _____

IT IS UNDERSTOOD THAT:

- (a) The registrant's department agrees to pay a charge if the candidate fails to attend the course without calling a minimum of 5 business days prior to the start of the course (course is provided by an external vendor for a fixed cost of \$115 per person for 2 days).
- (b) The registrant agrees to render First Aid within the limits of their training when necessary and to inspect and maintain their assigned first aid station.

Supervisor Name: _____

Supervisor Signature: _____

Supervisor Email/Phone: _____