

## FIRST AID TRAINING REGISTRATION FORM – IDENTIFIED FIRST AIDERS

Please complete all the information below, scan and send to the attention of Christine Weidner at [ehs.office@utoronto.ca](mailto:ehs.office@utoronto.ca). Individuals will be contacted by the Office of Environmental Health and Safety if they have been 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 #: \_\_\_\_\_ UTORid \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

U of T Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Preferred Session Date: \_\_\_\_\_

### FIRST AID STATION

Building: \_\_\_\_\_

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

Room: \_\_\_\_\_ First Aid Box #: \_\_\_\_\_

### IT IS UNDERSTOOD THAT:

- (a) The department agrees to pay a charge if the candidate fails to attend the course without cancelling a minimum of 5 business days prior to the course start date (this course is provided by an external vendor at a fixed cost of \$85 per person for the 2-days).
- (b) The candidate agrees to render First Aid within the limits of their training when necessary, and inspect and maintain their assigned first aid station.

Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Please email the completed form to: [ehs.office@utoronto.ca](mailto:ehs.office@utoronto.ca)