

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. 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: _____

Email: _____

Preferred Session Date: _____

FIRST AID STATION

Building: _____

Address: _____

Room: _____ If applicable,
location in room: _____

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 \$80 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