



TRAINING APPLICATION

Toronto Paramedic Services First Aid/CPR

How to complete this form:

1. Fill out the form on your computer.

2. Print it out.

3. Sign your name.

4. (choose one only)

Mail to: Toronto Paramedic Services
Safe City Program,
1530 Markham Rd., Suite 502,
Toronto, ON M1B 3G4

or Fax to:

(416) 397-0199

or Scan and email to:

emscpr@toronto.ca

Enquiries can be directed to the office 8:00am to 4:00pm, Monday to Friday.
Telephone: (416) 392-9833, email emscpr@toronto.ca, or visit our website at
www.torontoparamedicservices.ca/cpr.

Please note: This application form will not be considered until all required fields are completed. Required fields are indicated with an asterisk ().*

Student Information:

*Last Name : _____ *First Name: _____ *Birth Date: _____ / _____ / _____
month day year

*Best phone number for us to contact you: ____ - ____ - ____ Alternate phone number: ____ - ____ - ____

*Complete home mailing address: _____

*City: _____ *Postal Code: _____ *Email: _____

*Course Name (check one only):

<input type="checkbox"/> Emergency First Aid + Level "A" CPR 8 hours—Course Code: 400 \$67.00 + HST = \$75.71	<input type="checkbox"/> Emergency First Aid + Level "C" CPR 9 hours—Course Code: 450 \$79.00 + HST = \$89.27	<input type="checkbox"/> Health Care Provider CPR 8 hours—Course Code: 700 \$72.00 + HST = \$81.36
<input type="checkbox"/> Standard First Aid + Level "C" CPR 16 hours—Course Code: 300 \$109.00 + HST = \$123.17	<input type="checkbox"/> Standard First Aid Recertification 9 hours—Course Code: 375 \$79.00 + HST = \$89.27	<input type="checkbox"/> Health Care Provider CPR Renewal 5 hours—Course Code: 725 \$63.00 + HST = \$71.19
<input type="checkbox"/> Standard First Aid + Level "C" CPR and AED 17 hours—Course Code: 200 \$137.00 + HST = \$154.81	<input type="checkbox"/> First Aid/CPR Instructor 35 hours—Course Code: 500 \$663.00 + HST = \$749.19	<input type="checkbox"/> Standard First Aid + Health Care Provider CPR 18 hours—Course Code: 350 \$137.00 + HST = \$154.81
<input type="checkbox"/> Level "C" CPR & AED 7 hours—Course Code: 630 \$78.00 + HST = \$88.14	<input type="checkbox"/> Level "C" CPR & AED Renewal 4 hours—Course Code: 675 \$67.00 + HST = \$75.71	<input type="checkbox"/> Emergency First Responder 40 hours—Course Code: 100 \$605.00 + HST = \$683.65

Specify which date/location you would like to attend: (see www.torontoparamedicservices.ca/cpr for schedules. Note that some courses may not always be offered.)

*Barcode: _____

*Course Date and Time: _____ *Location: _____

*Payment Information (Note: no payment will be accepted at the course):

- Visa
- MasterCard
- Debit (must pay in person at our office before the course date.)
- Certified Cheque
- Money Order

Credit Card Number: _____ Expiry Date: _____

Name on card: _____ Cardholder Signature: _____

Home mailing address (if different from Student's): _____

Cardholder Phone number: ____ - ____ - ____ Cardholder Email: _____

Money Orders or Certified Cheques should be made payable to "Treasurer, City of Toronto." Please include your name & course date.

Please continue to next page

Terms and Considerations:

- We will confirm your registration upon receipt of your application.
- Dress is casual. Please bring a pen and piece of paper.
- Please ensure to arrive **on time as the classes start promptly**. Permission to enter will not be granted after class starts.
- To reschedule, you must provide **at least 3 business days notification** prior to the start of the course date by notifying our office (if needed please leave a voice mail or send an email).
- Notification of less than **3 business days and prior to start time** of your registered class will result in a rescheduling fee of \$25.00. **No subsequent refunds will be issued.**
- **No Refunds** will be granted, for late arrivals or failure to attend your scheduled course. Please note you will be charged the full amount of the course to reschedule for another date.
- Cancellations must be received and confirmed by our office **3 business days prior to your scheduled course** in order to qualify for a refund.

I agree to the terms and conditions as stated above.

*Signature _____ *Date _____ / _____ / _____
month / day / year

Risk Waiver And Consent Form:

By registering for this course I recognize that risk of injury or potential health risk may be involved in participation in the above-named program/activity. I hereby willingly assume such risk of injury or health risk for myself or for the above-named person(s) for whom I am in law responsible and assume full responsibility during and after my/their participation in the program/activity. In consideration of the acceptance of my application and the permission to participate in the program/activity, I, for myself, my heirs, executors, administrators, successors and assigns **hereby release, waive, and forever discharge** the City of Toronto, all other organizations, associations and companies associated with any of the programs offered by the City of Toronto, and all their respective agents, employees officials, servants, contractors, representatives, elected and appointed officials, successors and assigns **of and from all** claims, demands, damage, costs and actions whatsoever and however caused, arising or to arise by reason of my participation in the program or any its associated activities.

I agree to the risks associated with training.

*Signature _____ Signature of participant (or parent / guardian if under 18 years of age)

Privacy:

The personal information on this form is collected under the authority of the City of Toronto Act, 2006, Municipal Act, 2001, and Ambulance Act, 1990, s.6. This information is used to process the registration application for an EMS education program(s), to deliver education services, and to collect payment for the program. Questions about this collection can be directed to: Supervisor, Safe City Program, Toronto Emergency Medical Services, 1530 Markham Road, Suite 502 Toronto, ON M1B 3G4 or by calling phone number (416) 392-0896.