

**Staff or Faculty Member Information:**

**\*complete & return form to [firstaid@ucalgary.ca](mailto:firstaid@ucalgary.ca)**

Course Type:

- Blended Standard First Aid and CPR-C – 8 hours + online component (\$145.00)
- Blended CPR-C – 5 hours + online component (\$90.00)
- Blended Standard First Aid and CPR-C Recertification – 5 hours + online component (\$105.00)
- Blended CPR-C Recertification – 4 hours + online component (\$70.00)
- Standard First Aid and CPR-C (2 day in class - **OFFSITE**) – 16 hours (\$135.00)

Course Date: \_\_\_\_\_

Faculty: \_\_\_\_\_

First Name (legal): \_\_\_\_\_

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

Last Name (legal): \_\_\_\_\_

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

UCID#: \_\_\_\_\_

Room #: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Email: (To be input on the Red Cross portal)

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

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ UCalgary Email: \_\_\_\_\_

By Signing this form, I agree that I may be designated as a first aider for the University of Calgary and my faculty/department/unit and may be called upon to administer first aid.

Signature: \_\_\_\_\_

**This section must be completed by the Dept. ID Budget Owner:**

GL	Fund	Dept. ID	Account	Program	Internal	Project	Activity
Business							

Dept. ID Budget Owner Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

## FOR INTERNAL USE ONLY :

Date Registered: \_\_\_\_\_

Signature: \_\_\_\_\_