



Be Prepared

Registration

Project Number

Instructions: Please complete in full before handing in to the Facilitator

Last Name		Given Name		Middle Initial(s)	<input type="checkbox"/> X <input type="checkbox"/> F <input type="checkbox"/> M	
Home/Physical Address				Date of Birth		
				Month	Day	Year
City	Province	Postal Code	Cell Phone: _____			
			Home Phone: _____			
Private E-mail:						

Payments made by: <input type="checkbox"/> You <input type="checkbox"/> Company (Name) _____ <input type="checkbox"/> Someone Else (Name) _____

How did you learn about Be Prepared – Trainers in First Aid Inc.?

Please note:

- Payments must have been made in full prior to start of Training, or payment arrangements must have been made with the employer of the Participant, before the Participant can be accepted in a Training
- The Participant is required to demonstrate the skills as required in the applicable training materials to successfully complete a Training
- The Participant must notify the Instructor(s) as soon as possible of any physical challenges, which might be aggravated during Training
- The Participant agrees to abide by the principles of first aid and the terms and conditions as outlined in the applicable training materials
- The Participant agrees to abide by the applicable parts of the Rules & Regulations of Be Prepared – Trainers in First Aid Inc. ([BeP-D-RR-01 RRBEP](#)), and that copies are available to them
- The Participant agrees, by signing below, to share their personal information with WorkSafeBC and/or CRC

o Sales Receipt

If indicated, an email address is required

Applicant's Signature	Date of Signature
	Month Day Year

All the information provided will be treated in accordance to the: *Personal Information Protection and Electronic Documents Act and Personal Information Protection Act*

Office Use Only

Certificate Number	Type of ID	Course Type	Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Direct Deposit <input type="checkbox"/> eTransfer <input type="checkbox"/> Invoice <input type="checkbox"/> Online Notes:
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PersonInfo : _____
 BePBase : _____
 Payment : _____ / _____
 Name (if different) : _____
 Deposit : _____ / _____
 Exp / Imp : _____
 QB : _____
 CM : _____
 Bank / Calendar / Emailed

Comments