

Enrollment Form FALLING SUPERVISOR TRAINING

| Course Location | Course Date | | | | | | |
|---|-------------|--------------------------------|---------------------------|--|------------------------|---|----------------------------|
| Participant Information (complete fully and print clearly) | | | | | | | |
| Legal First Name | | Legal Middle Name | | | Legal Last Name | | |
| Nickname (if applicable) | | Former Name (e.g. maiden name) | | | Birthdate (mm/dd/year) | | |
| Mailing Address (Street; PO Box) | | | City/Town | | | / | / Province, Postal Code |
| Phone Number Personal/Co | | ell Phone | Email Address | | | | |
| Food Allergies / Dietary Restrictions? | | | | | | | |
| First Aid Attendant: BCFSC may seek volunteers to fill the role of secondary first aid attendant during field activities. If you hold a current First Aid Certificate (with Transportation Endorsement [TE] if applicable) and are interested in volunteering, please check the box and provide your first aid training details. Yes, I am willing to volunteer as the secondary first aid attendant. Level of First Aid: First Aid certificate expires: TE expires: | | | | | | | |
| Company Information | | | | | | | |
| Your Employer's Company Company name: | npany Name | | WorkSafeBC Account Number | | | | |
| Work Activity (falling & bucking; full-phase logging; silviculture; other – please indicate) | | | | | | | |
| | | | | | | | |
| Payment Information (payment must accompany this enrollment) | | | | | | | |
| Course Fee: \$1,785.00 (\$1,700.00 + \$85.00 GST) | | | | | | | |
| Payment | | | | | | | |
| Name on Card Expiry Date (MM, YY) | | | | | | | |
| Credit Card Number | | | | | | | |
| Cardholder's Signature | | | | | | | |

Your company, personal and financial information is only used for purposes of course enrollment and program management. Confidential information will not be disclosed to third parties. Your information is valuable and we ensure all reasonable measures are taken to protect it.

| Send completed form to BC Forest Safety by: | | IMPORTANT NOTES: | | | | |
|---|---|---|--|--|--|--|
| | Email: training@bcforestsafe.org Fax: 250-741-1068 Mail: Unit 8C - 2220 Bowen Road, Nanaimo, BC V9S 1H9 | A) If minimum enrollment is not met two weeks prior to a course start date, we reserve the right to cancel the session and reimburse paid registrants. B) Please notify us as soon as possible if you need to withdraw or reschedule your enrollment. | | | | |
| | Questions? Call us toll-free: 1-877-741-1060 | C) Refunds or credits will not be issued for 'No Shows.' The only exception to this is for unplanned emergencies/illness. | | | | |