**Individual and Private Course Registration Form**

Thank you for choosing St. John Ambulance as your First Aid provider.

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|  | **Todays Date:** |  |
| **Company Name:** | Girl Guides of Canada- **NS Members** |
| **Company Address:** | 32 Glendale Ave unit 1, Lower Sackville, NS B4C 3M1 |
| **Email:** | ns-executiveassistant@girlguides.ca | **Cell Phone:** |  |
| **Billing Information** (if different from company information) |
| **Billing Address:** | as above |
| **Bill to Account:** | Girl Guides - NS | **Billing Contact Name:** |  |
| **Email:** | ns-ap@girlguides.ca | **Work Phone:** |  |
| **Cell Phone:** |  | **Additional Notes:** |  |

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| **Course Information- Individual Course Registration Form** |
| **Course Type:** |  | **Date(s) Requested:** |  |
| **Course Location:** |  | **Please p r o c e e d t o p a g e 2 & 3 .** |

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| **Course Information- Private Group Booking (min 10, max 15 attendees)** |
| **Course Type:** |  | **Number of Students**(minimum of 10-15)**Please complete page 3** |  |
| **Other:**(if not listed) |  | **Course Start Time:** |  |
| **Laptop and Projector Available:** |  |
| **Course Location:** |  | **Mileage Approved (if applicable):** |  |
| If different fromcompany information (Room requirements: | Rate-$0.42/KM over 50km |
| **Parking Available:** |  |
| laptop, projector andwhiteboard orflip-chart) |
| **Parking Fee Approved**(if applicable): |  |
| **Date(s) Requested** |  | **Specific Instructor Requested:** |  |
| **Please list alternative****dates:** |  | **Lunch:** | 30 minutes60 minutes |

# Cancellation Policy

Classes which are cancelled more than **15 business days prior to the scheduled start date**, will be subject to a $40 administration fee**.**

Cancellations **within 15 business days of the scheduled start date,** will be charged 50% of the cost of

training (based on the minimum number of students required and any additional fees incurred (ie, travel, accommodations, etc).

**By checking this box, I acknowledge that I have read SJA’s Cancellation Policy listed above.**

**Please see page 2 for Covid 19 Class Protocols**

# COVID-19 Class Protocols

As we move forward in the shadow of COVID-19, the safety and wellness of our clients, staff and volunteers is our top priority. We have made a few changes to our training protocols, such as:

* Reduced numbers in class size.
* Modified skills training to allow for social distancing.

*Please guarantee the following before our instructor arrives at your facility:*

* + Ensure that participants can maintain physical distancing of 2 metres (6 feet) – in general we are recommending that for each person in class, there should be about 50 sq. ft of space.
	+ Ensure that the room is properly cleaned and disinfected, paying special attention to high touch surfaces like doorknobs, desks/tabletops, railings, remote controls, etc
	+ Remind participants that if they are feeling unwell, they should not attend the training at this time (there will be an attestation for our participants to sign)

Instructors will bring sanitizing wipes for the class participants and will wipe down surfaces before the start of class and at the end of class. However, if our instructor does not feel safe in the teaching environment provided, they have the right to refuse to teach and you will be charged for the minimum number of participants.

# By checking this box, I acknowledge that I have read SJA’s COVID-19 Class Protocols listed above.

|  |  |
| --- | --- |
| **Name:** |  |
| **Signature :** |  |
| **Date :** |  |

Internal Notes

**The following MUST be completed and submitted with pages 1 & 2:**

|  |  |
| --- | --- |
| **Contact name:** |  |
| **Email address for above:** |  |
| **Area / District** |  |
| **Unit level Unified Banking Code:** |  |

**Attendee Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of attendee** | **IMIS #** | **Unit** | **District** | **Birthdate** |
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