

**Staff or Faculty Member Information:**

\*complete & return form to swim@ucalgary.ca

- Course Type:
- Blended Standard First Aid – 8 hours +online component (\$145.00)
  - Blended CPR – 5 hours +online component (\$90.00)
  - Blended Standard First Aid Recertification – 5 hours +online component (\$105.00)
  - Blended CPR Recertification – 4 hours +online component (\$70.00)

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

First Name: \_\_\_\_\_ Faculty: \_\_\_\_\_

Last Name: \_\_\_\_\_ Department: \_\_\_\_\_

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

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

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

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ 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 |      |          | 69030   |         |          |         |          |

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

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

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

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

**FOR INTERNAL USE ONLY:**

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

