

Instructor Training Registration

Name: _____

Address: _____

City/Prov: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Current First Certificate from: _____ Expiry Date: _____

Are you currently a FA Instructor? _____ Date: _____

Must Be Included

£ Complete Application £ Copy of current certificate(s) £ Fee \$575.00 +GST

Credit Card	<input type="checkbox"/> Mastercard	<input type="checkbox"/> VISA
Card Number		
Expiry Date		
Authorized Signature		

Office Use Only	
Fee	
Receipt No	
Status	
Reg Date	

Withdrawal/Refund/Cancellation Policy

Withdrawal/Refund/Cancellation from a class requires a minimum of five business weekdays prior to the start of the class, by mail, email or fax. A processing fee of \$45.00 will be applied to each program on individual refunds. Programs with pre-issued study materials will have the fees for all materials deducted and then the refund processed. Refunds may be processed by Credit Invoice, or Cheque mailed to the individual, or if payment made by credit card, refunds will be credited back to the credit card less the cancellation fees. Group, corporate withdrawal, refund, cancellation fees are per student. All withdrawal, refund, cancellation requests must be in writing and sent to the registration department 403-571-7659 . Group or corporate withdrawal, refund, cancellation fees are per student. Failure to attend class, student will forfeit all registration fees and training. By signing the registration form, client acknowledges cancellation fees and accepts responsibility to pay same

Signature of Participant

Date

All materials will be available for pick at close of registration. This program requires a minimum enrollment and dates may be changed to accommodate the enrollment requirement.

Application for Instructor Training

Program _____ Program Date _____

Last name _____ First name(s) _____

Street address _____ City _____ Province _____ Postal code _____

Telephone (include area code) _____ Fax _____ E-mail _____

Work experience (Please list most recent first)

1 Position _____ Dates of employment _____

Employer _____ Address _____

Supervisor _____ Telephone _____ E-mail _____

Beginning pay _____ Ending pay _____

Reason for leaving _____ May we contact this employer? []

Yes [] No

Responsibilities _____

2 Position _____ Dates of employment _____

Employer _____ Address _____

Supervisor _____ Telephone _____ E-mail _____

Beginning pay _____ Ending pay _____

Reason for leaving _____ May we contact this employer? []

Yes [] No

Responsibilities _____

3 Position _____ Dates of employment _____

Employer _____ Address _____

Supervisor _____ Telephone _____ E-mail _____

Beginning pay _____ Ending pay _____

Reason for leaving _____ May we contact this employer? []

Yes [] No

Responsibilities _____

INSTRUCTIONAL EXPERIENCE

1. _____
2. _____
3. _____
4. _____

List other relevant experience _____

Education/training

List secondary and post-secondary education including course of study, and degree or diploma received (highest level achieved first)

List other relevant training (most recent first)

Other activities

List volunteer work, leadership positions, or other activities that you feel may be relevant to this application

Personal references

Please provide three reference contacts other than family members or people you have previously worked with

Name	Telephone	Occupation
Name	Telephone	Occupation
Name	Telephone	Occupation

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Is there anything else you would like to tell us about yourself?

I certify that all information provided in this application is accurate and complete to the best of my knowledge, and I understand that intentionally providing false information could result in refusal of employment or discharge. I also authorize the employers, schools, organizations, or persons named above to provide information regarding my employment, education, character, and qualifications.

Signature Date

Please attach resume and any other documents and/or certificates you think appropriate.

Thank You