



Emergency First Aid CPR/AED Training Course 55+ Application Form

The Ministry of Seniors Affairs has generously provided Flamborough Connects with a Seniors Community Grant to facilitate EFA CPR-C/AED certification training. This grant addresses the needs of many seniors who provide caregiver services for grandchildren, partners, adult children or other vulnerable populations through volunteer work.

All participants **MUST** be available for a full day training session on **Saturday, November 10, 2018**. If you are not available, please **DO NOT** apply.

The full day training course will include a catered lunch.

Applications will be assessed based on the guidelines of the Seniors Community Grant funding. Successful applicants will be notified 30 days prior to the training date. There are limited spaces for this training - priority will be given to Flamborough residents who provide unpaid caregiver services.

Application deadline is October 19, 2018 at 4:00 pm.

Name: _____

Date of Birth: _____

Physical Address: _____

Phone: _____

Email: _____

Please check the boxes:

- Yes No Do you currently have Emergency First Aid certification?
- Yes No Are you a resident of Flamborough?
Waterdown, Carlisle, Freelon, Milgrove, Strabane, Rockton, Lynden etc.
- Yes No Are you able to commit to an 8 hour day of training?
- Yes No Are you able to stay seated for 2+ hours at a time?
- Yes No Are you able to rollover a person for 5+ minutes on the ground?
- Yes No Are you able to stay on your knees for 8+ minutes to perform CPR?



Yes No Are you a caregiver to a family member or friend?

Please Describe: _____

Yes No Do you volunteer with the public?

Please Describe: _____

Yes No Will you be able to complete a written exam?

Yes No Do you require specific accommodations? Dietary, mobility etc.

Please Describe: _____

Please provide one reference for your caregiver role. This can be the parent of a grandchild, an adult you provide care to, or an agency representative you volunteer with:

Name: _____ Relationship: _____

Volunteer Agency: _____

Contact phone: _____ Email: _____

I certify that the information provided is true

Signature: _____ Date: _____

Your personal information will only be used to assess eligibility, and to collect non-identifying statistical data for this program. All applications will be destroyed once the project is complete.