



STUDENT ENROLLMENT CONTRACT

COURSE INFORMATION

TODAY'S DATE	COURSE DATE	COURSE TIME	PREVIOUS CERT. NAME & NO.
TUITION \$			

COURSE NAME

- OFA LEVEL 1
 OFA LEVEL 2
 OFA LEVEL 3
 T.E. (Level 1 Cert. # _____)
- AED
 WHMIS
 FOODSAFE
 RED CROSS

COURSE _____

METHOD OF PAYMENT

- Paid
 Not Paid
 Deposit Amount \$ _____
- Cash
 Visa
 M/C
 Interac
 Company Cheque
 Invoice

Company _____

STUDENT INFORMATION

GIVEN NAME (S)		SURNAME
ADDRESS		CITY
PROVINCE	POSTAL CODE	TELEPHONE
DATE OF BIRTH: Month/Day/Year	E-MAIL	CELL

COMPANY INFORMATION

COMPANY NAME(S)		
ADDRESS		CITY
PROVINCE	POSTAL CODE	TELEPHONE

REGISTRATION INFORMATION

ADMISSION REQUIREMENT

Students must be 16 years of age to receive a W.C.B. Level 1, 2, or 3 certificate

DISPUTE & DISMISSAL POLICY

Available upon request.

REFUNDS

Students must apply in writing for a refund. Only the original receipt will be accepted to qualify for a refund.
No refund will be given for books not in resaleable condition.

REFUNDS BEFORE COURSE START

If written request is received within 7 days of the date of this contract OR if written request is received 30 calendar days or more before the course start date ProSafe will retain an administration fee equal to a maximum of 10% of the tuition fee. For all other written requests received prior to course date ProSafe will retain an administration fee equal to a maximum of 20% of the tuition fee

REFUNDS AFTER COURSE START

If the written request for refund is received within 30% of the course duration ProSafe will retain an administration fee of 30% of the tuition fee. **No refund is available if written request is received after 30% of the course duration.**

The applicant agrees to abide by the principles of first aid and the terms and conditions as outlined in the Occupational First Aid Reference and Training Manual and Occupational First Aid Training Guides.

APPLICANT SIGNATURE	DATE: Month/Day/Year
SIGNATURE OF PARENT OR GUARDIAN IF APPLICANT IS UNDER 19	DATE: Month/Day/Year
SIGNATURE OF PROSAFE REPRESENTATIVE	DATE: Month/Day/Year

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