



COMMUNITY TRAINING OPPORTUNITY



FNHA in partnership with North Island College is proud to offer Emergency Medical Responder Training within our Region.

Available Training Sessions:
Jan 10th to Jan 21st- Campbell River
Feb 28th to Mar 11th - Port Hardy
Mar 21st to Apr 1st – Tofino

CONTINUING EDUCATION

Red Cross Emergency Medical Responder - EMR



Develop skills to respond to an emergency, sustain life, reduce pain and minimize injury.

Training includes CPR level HCP and AED.
Red Cross certified education and training.

For more information please contact FNHA Regional HEM Manager Melissa Aird:
Phone: 604-812-3851
Email: Melissa.Aird@fnha.ca

Please submit completed training applications to
Email: Melissa.Aird@fnha.ca

Training Application Package Check List

- FNHA Application & Pre-Training Questionnaire (pages 2-3) (required)
- North Island College Application (page 4) (required)
- Proof of COVID19 Vaccination (required)
- Resume
- Any professional certifications or relevant previous training.

Please email completed application package with the required documents listed above to melissa.aird@fnha.ca .

If you need assistance completing the application please contact

VI Regional HEM Manager Melissa at 604-812-3851 or melissa.aird@fnha.ca

FNHA Emergency Medical Responder Training Application 2022

Date	Community	
Name	Traditional or Preferred Name:	
Contact Information		
Home Phone	Cell Phone	Email Address
Address		
City	Province	Postal Code

Pre-Training Questionnaire

Please answer the questions below to assess which of the available training options is best fit to ensure your success. If you cannot answer a question please share why or write N/A.

Do you identify as Indigenous? If yes, please share what community you are a member of.	
Have you previously taken First Responder Training? If yes, please share the date you took the training and if your First Responder Certification still valid?	
Please list any relevant previous healthcare or First Aid training received.	
What is your currently role in community? Please share how this training will benefit your role in community?	

Are there any accessibility or special requirements you would like the FNHA to know about, that would ensure your success in the training?	
Do you have any food or other allergies we should be aware of?	
Do you have a laptop or smart device in which you could access the pre-training zoom sessions to support your preparation pre-training?	
Will you need hotel accommodations during the training? Please list what days you need hotel accommodations for.	

**Please select which is of the following trainings you are interested in attending:
(if more than one is selected please include which of the training sessions is your preferred option)**

Entry Level Emergency Medical Responder Course- Includes course preparation via zoom and course materials being received prior to course start date.	
Campbell River EMR- January 10 – 21, 2022 (Mon to Fri both weeks- 8:00am- 5:00 pm)	
Port Hardy EMR- February 28 –March 11, 2022 (Mon to Fri both weeks- 8:00am- 5:00 pm)	
Tofino EMR- March 21- April 1, 2022 (Mon to Fri both weeks- 8:00am- 5:00 pm)	
For Participants With Previous Red Cross First Responder of at Minimum Level 2 First Aid Training.	
Red Cross First Responder Training- TBD (2022) – Location will be dependent on applications received.	

After the initial 4 training sessions are offered, FNHA will be looking to future opportunities to support additional Emergency Medical Responder Training. In the event that you would like to be added to the waitlist for future training offerings please list below your preferred method to notify you of future training offerings.

Name	Preferred Contact Method
Preferred Training Date	Preferred Training Location

**Please email completed application form with your resume to melissa.aird@fnha.ca
If you need assistance completing the application please contact
VI Regional HEM Manager Melissa at 604-812-3851 or melissa.aird@fnha.ca**



CONTINUING EDUCATION Application & Registration Form

Personal Information

Have you ever attended North Island College? Yes No If yes, NIC student #: _____

Legal last name: _____ First name: _____ Middle name: _____

Former last name, if applicable: _____ Preferred first name: _____

Mailing address: _____ City: _____

Province: _____ Country: _____ Postal code: _____

Home phone: _____ Other phone: _____ Email address: _____

Birthdate: _____ Gender: M F

Emergency contact name: _____ Home phone: _____ Other phone: _____

Canadian Citizen Permanent Resident If permanent resident, country of origin: _____
 International student If international student, country of origin: _____

Course Selection(s)

Course code: _____ Course name: _____ Start date (mm/dd/yyyy): _____

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For Sponsored Students Only

Sponsoring organization/company: First Nations Health Authority PO #: _____

I hereby authorize the release of all academic records relating to my admission or education to the sponsoring agency.

Student signature: _____ Date: _____

Voluntary Disclosure

Do you identify yourself as an Indigenous person? Yes No If so, are you: First Nations Métis Inuit
Do you have a disability/medical condition? Yes No NIC will provide you with information about receiving support services

DECLARATION

Please read the following before signing:

I declare that the information I have submitted on the application is true and correct. Falsifying any document or information submitted will result in the immediate cancellation of admission or registration at the College. I understand that this information along with subsequent information is collected under the authority of the College and Institute Act and section 26 of the Freedom of Information and Protection of Privacy Act (FOIPPA). Information collected will be used for the purposes of: admissions, registration, grade notification, income tax receipts, research, awards, alumni contact, special events and other activities consistent with the mandate of the institution. NIC collects, uses, retains and discloses information within the College to carry out its mandate and operations in accordance with Policy 1-01 Freedom of Information and Protection of Privacy. Should you have any questions about the collection of information please contact the FIPPA Analyst located at 2300 Ryan Road, Courtenay, BC, V9N 8N6, or email foipp@nic.bc.ca

Student signature: _____ Date: _____