

The Canadian Red Cross would like to thank you for your interest in becoming a Red Cross Training Partner.

Please complete this application form and submit it to <u>myrcsupport@redcross.ca</u>. To pay the application fee by credit card, visit <u>www.shop.redcross.ca</u>, enter "**application fee**" into the search field and press Enter. IMPORTANT: record the payment confirmation number in the appropriate field below. Alternatively, you can enclose a cheque with your application. Mail applications to: Canadian Red Cross First Aid, Swimming & Water Safety Contact Centre, 1305 11 Avenue SW, Calgary, AB T3C 3P6.

Please note this is an application process: upon receipt of the above and your \$150 application fee, your application will be reviewed and a decision will be conveyed to you in writing.

Legal N Busines individu	ss/organization or						
Contact Name (Year Round)				Email			
Telephone				Fax			
Address							
City				Province	Postal Code		
Web site Address							
Payment confirmation number (if applicable):							
Type of b	usiness (please check one):						
	Corporation		University/Educationa Institution	I	Municipality		
	Partnership		School (K-12)		Private club		
	Sole Proprietor		Service Group		Non-Profit Group		
Have you been or previously applied to become a Red Cross Training Partner:							
If yes – during what year and under what name (or Red Cross customer account number)							
Briefly describe in which specific geographical areas you plan to market your business:							
How do yo	ou plan to offer your First Aid/CPR public courses		rses? ate/group courses		both		



Briefly describe who your potential training markets and clients will be.

Workplaces (list industries)		
EMS Professionals		
Community Groups		
University/College students		
□Other please describe		
Where you will conduct training (p	lease check appropriate location(s)):	
 Rented training space At groups location Other please describe 	 Owned full time training space Red Cross Training Room 	Community centre
Before applying to become a Red Croaid.	oss Training Partner, please list any past o	experience in the delivery of training or first
Given your review of the market - ple	ease describe what you feel your biggest o	competition to be
How will you differentiate yourself from	m other Training Partners and the competence	tition?
Please outline your overall marketing	plan to reach your clients (including price	e, placement, promotions, and product)



Projection of planned training numbers (number of people):								
Year 1:	Year 2:	Year 3:						

Other relevant qualifications, including Red Cross certifications or certifications of your instructors:

Canadian Red Cross Programs you would like approval to offer:

First Aid

- Core Programs: Standard or Emergency First Aid and CPR, CPR, Standard or Emergency Child Care First Aid & CPR,
- □ Specialty Programs: Wilderness & Remote and Advanced Wilderness & Remote First Aid
- D Marine: Marine Basic First Aid, Marine Advanced First Aid
- □ Workplace First Aid: Advanced First Aid
- Emergency Care: First Responder, EMR, , Oxygen Administration
- □ Youth Programs: Babysitting, PeopleSavers
- □ Instructor Development: First Aid Instructor, CPR Instructor

Please note not all programs are recognized in every province/territory. Please see <u>www.redcross.ca/firstaidlegislation</u>

You will also need to have the appropriate Red Cross Instructor certifications (or hire individuals with required certifications) to offer specific programs.

Please see Red Cross National Program Standards <u>www.redcross.ca/partner</u>