



Red Cross Training Partner Application Form Waterfront and Backyard Pools

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 along with your cover letter, Criminal Record Check, and Vulnerable Sector Check to myrcsupport@redcross.ca. To pay the application fee by credit card, visit shop.redcross.ca and click on the **Shop Now** link under **Resources & Fees**. **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 \$250 application fee, your application will be reviewed and a decision will be conveyed to you in writing. The application process will take a minimum of 4 to 6 weeks to complete.

Legal name of
business/organization
or individual

Contact name
(year-round)

Email

Telephone

Fax

Address

City

Province

Postal code

Website address

Payment confirmation
number (if applicable)

Type of business (please check one):

Municipality

University/Educational Institution

Private club

Service Group

School (K-12)

Non-Profit Group

Have you been or previously applied to become a Red Cross Training Partner?

yes

no

If yes – during what year and under what name (or Red Cross customer account number)?

What is the nature of your core business/operations?

Briefly describe in which geographical areas you plan to market your business:



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How do you plan to offer your courses?

- public courses
- private/group courses
- both

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

- General public
- University/College students
- Junior/Middle/Secondary students
- Workplaces - all
- In-house staff/employees
- Community Groups
- Other, please describe:

Where will you conduct training – please check appropriate location(s):

- Indoor aquatic facility
- Waterfront/park
- Outdoor aquatic facility
- Rented training room space
- University/College training space
- Community facility/hall/place of worship
- At group's location
- Junior/Middle/Secondary school
- Red Cross training room
- Backyard pool
- Community centre
- Other, please describe:

First aid equipment you will be using in your courses, if applicable (please check one):

- owned
- rented/leased
- contracted

Your marketing plan to reach your clients:

Projection of planned training numbers (number of people):

Year 1: _____ Year 2: _____ Year 3: _____



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

Canadian Red Cross Programs you wish to offer:

FIRST AID:

- Core Programs: Standard or Emergency First Aid and CPR, CPR, Standard or Emergency Child Care First Aid & CPR, Advanced First Aid
- Specialty Programs: Wilderness & Remote and Advanced Wilderness & Remote First Aid
- Marine: Marine Basic First Aid, Marine Advanced First Aid
- Emergency Care: First Responder, EMR, Oxygen Administration
- Youth Programs: Stay Safe!, Babysitting

SWIMMING & WATER SAFETY:

- Red Cross Swim Preschool
- Red Cross Swim KIDS (including Red Cross Swim @ School and Red Cross Swim @ Camp)
- Red Cross Swim for adults and teens
- Instructor Development: Water Safety Instructor

LIFEGUARDING:

- Red Cross Assistant Lifeguard
- Red Cross Pool or Waterfront Lifeguard
- Instructor Development: Red Cross Lifeguard Instructor

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

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 www.redcross.ca/partner.

If your Training Partner application is approved, you will be asked to sign a Training Partner agreement. You need to be of the age of majority in your province or territory to sign the agreement. **If you have not yet reached the age of majority, please provide the name of a parent/guardian who will sign for you.**

Name of applicant: _____

Signature of applicant: _____

Position Title: _____

Date: _____

Name of parent/guardian: _____

Signature of parent/guardian: _____