

External Applicant Registration Form

To enroll in one of the IERHA Education sessions, complete the form below and submit to education@ierha.ca. The IERHA Regional Education department will contact you upon receipt of your application to confirm spot availability and process payment; payment is required to secure spot in session.

Last Name:		First Name:		Date of Request:
Email Address:		Work Phone:		Cell/Home Phone:
Designation: <input type="checkbox"/> RN <input type="checkbox"/> RPN <input type="checkbox"/> LPN <input type="checkbox"/> Other: _____			Position: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual	
Facility Employed			Program Employed	
Date(s) of Session: (as noted on the IERHA website Events Calendar)				
Course/ Education Session Listing (check the applicable course you wish to attend)				
<input type="checkbox"/> ASIST- Applied Suicide Intervention Skills Training (\$125)		<input type="checkbox"/> Indigenous Cultural Awareness (\$100)		
<input type="checkbox"/> Mental Health First Aid (\$100)		<input type="checkbox"/> Wound Care Level 2 (\$50)		
<input type="checkbox"/> Mental Health First Aid Youth (\$100)		<input type="checkbox"/> Other (please write course information below)		
<input type="checkbox"/> Dementia Education (2-day) (\$100)				
Registration Fee: \$		Payment is required to secure spot in the session.		
Payment Methods Accepted: Credit Card or Cheque (made payable to IERHA Regional Education)				

For Regional Education Department Use Only				
Spot Availability in Session	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Registration Fee	\$	Source:	<input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Master Card	
Receipt Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Confirmation Email Sent	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other:				
Completed by:	Date Completed:			