

Mental Health First Aid Training Course

Algonquin College in the Ottawa Valley – Pembroke Waterfront Campus

This Mental Health First Aid course is recommended primarily for professionals who work in health or social agencies, human resources, community organizations, or school boards, etc.

To see the course outline, course dates, etc., please refer to our [Mental Health First Aid website](http://www.algonquincollege.com/pembroke/mental-health-first-aid-course/) at: www.algonquincollege.com/pembroke/mental-health-first-aid-course/

REGISTRATION FORM

Please print this form, complete both pages, and fax to Algonquin College in the Ottawa Valley at 613-735-8805, or scan and email to: brambuj@algonquincollege.com

Important Information – please read carefully:

- Applicants will be registered on a first-come, first-served basis. If the course has filled for the date chosen, the organization will be contacted to select an alternate date.
- Mental Health First Aid is a collaborative training program that includes the presentation of information by the facilitators, role plays, videos, and group discussion.
- All students receive a Mental Health First Aid manual as part of the training.
- Students must attend the entire 12-hour course to receive a Mental Health First Aid Certificate from the Mental Health Commission of Canada.
- Algonquin College reserves the right to postpone training if there are insufficient registrants.

Organization “Group” Registration – Please complete the following information

Cost: The course is \$199.50 per person (includes manual and HST) for each registrant.

Invoice: An invoice will be sent to the main contact person named below unless otherwise specified.

Cancellation: We require two business days (excluding weekend days) for a notice of cancellation, otherwise the organization will be invoiced for registrants who do not attend. Substitute registrants are permitted; please inform us in advance of the course, if possible.

Name of Your Organization: _____

Organization’s Mailing Address: _____

Main Contact Person: _____ Phone (work): _____

Phone Number (cell): _____ Email: _____

Date of Course: _____ Number of Registrants: _____

Please complete **Page 2** of the Registration which includes the name/title of each registrant.

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Name of Registrant (PLEASE PRINT):

Title/Position of Registrant:

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Commission de
la santé mentale
du Canada

