## **Mental Health First Aid Training Course**



### Algonquin College in the Ottawa Valley – Pembroke 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 at: www.algonquincollege.com/pembroke/mental-health-first-aid-course/

#### **REGISTRATION FORM**

Please print this form and complete both pages.

#### 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.

#### **Individual and Group Registration**

Cost: The course is \$229.50 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. Credit card payment option is also available – please see below.

**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 Organization:	
Full Mailing Address:	
Main Contact Person:	Phone (work):
Phone (cell):	Email:
Date of Course:	# of Registrants:

PAYMENT OPTIONS				
INVOICE	ORGANIZAT	ION		
☐ Yes	□No	Attention to:	(NOTE: address will be the same as above)	
CREDIT C	ARD PAYME	NT OPTION		
Type of Credit Card (please circle one): Visa / MasterCard / American Express				
Card #:				
Expiry Da	ite:			
Name on	Card:			

Please complete Page 2 of this form which includes the name/title of each registrant.

# **Mental Health First Aid Training Course**

## Algonquin College in the Ottawa Valley – Pembroke Waterfront Campus

Name of Registrant (PLEASE PRINT):	Title/Position of Registrant:

Please print this form, complete both sides in full, and return to Algonquin College at:

- Fax at 613-735-8805 or
- Email to <u>brambuj@algonquincollege.com</u>

