



First Aid Instructor Course Application Form

This information will ensure that you understand all of the expectations and requirements for becoming a Red Cross instructor. It will also assist us in developing an individual teaching experience tailored to your specific needs

Alert First Aid would like to thank you for your interest in the Canadian Red Cross Instructor Program.

Please check type of instructor course you are applying for:

- 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
- Workplace First Aid:** Advanced First Aid
- Emergency Care:** First Responder, EMR, BLS, Oxygen Administration, Airway Management

1. Personal Information:

Full Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Phone Number: _____

2. Course Details *(If known. If not known, proceed to next question):*

Course Title: *First Aid Instructor Course*

Course Date: _____

Location: _____

3. Qualifications:

Please list your relevant qualifications and certifications: This includes any current first aid certification with Expiry Date and Issuing Authority or any Teaching or instructor certifications. You can also attach a photocopy of your certifications.

4. Why do you want to become a First Aid Instructor? (Max 300 words)

5. How do you plan to use your first aid instructor certification once you complete the course?

6. Please provide a brief description of the groups or individuals you intend to teach first aid to. Please specify if it includes workplaces (mention industries), EMS professionals, community groups, university/college students, or others (please explain). This information will help us customize the course to meet your needs and ensure you are adequately equipped to teach your intended audience.

7. Have you previously attended any Canadian Red Cross First Aid courses? If yes, please specify.

8. Do you have any medical conditions or allergies that we should be aware of for your safety during the course? (If yes, please provide details in confidence)

9. Acknowledgements:

- I acknowledge that, to be a fully certified instructor, I must complete a co-teach within 6 months with a certified Canadian Red Cross Teaching Experience Supervisor or Instructor Trainer, and that this may incur additional expenses.
- I understand that, even as a certified instructor, I cannot conduct a course or issue certifications unless I am affiliated with a Red Cross Training Partner.
- I confirm that I have read and agreed to abide by the [Canadian Red Cross Standards of Behaviour](#) for Instructors.

10. Declaration:

I attest that the information provided in this application is truthful and accurate to the best of my knowledge. I understand that providing false information may lead to my application being denied or my removal from the course.

Applicant's Signature: _____ Date: _____

Please submit this completed application form to Alert First Aid by email to info@alertfirstaid.com or mail at least 2 weeks before your intended course date.