



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



MENTAL HEALTH FIRST AID REGISTRATION FORM

Today's Date: _____

Please email back to: kelsey@healingspaces.center

Registrant:

Name: _____ Phone Number: _____

Email Address: _____

Address: _____

Dates Registering for: _____

****Email address and address will be used to send you your certificate after completion of course****

Payment:

\$250.00 plus GST per person.

Credit card or etransfer are accepted for payment to kelsey@healingspaces.center. **Please use password: Kamloops.**
You will not be considered registered until payment has been completed.

If using credit card please complete below:

Name: _____

CC: _____

EXP: _____

CVC: _____

About the Training:

There are three modules.

You will need to cover Module 1 and complete the quiz on your own. I will need you to email me the completion of the quiz by **Thursday before the start date of the training**. You will need to complete this to move forward onto the virtual training for Module 2 & 3 over zoom.

I have included the invoice here for you. Once you send payment, I will be able to send to you the user access code for completion of Module 1. Please send payment as soon as possible as I cannot guarantee holding your spot until I have received payment.

If you have any questions, feel free to contact me!

I understand I must complete all 3 modules of the training to receive my completion certificate for MHFA.

Signature: _____

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