



# Dive Accident Management, O2, WHMIS & 1st aid only

Fax application to: 1-866-337-8962

[www divesafe.com](http://www divesafe.com)

email application to: [info@divesafe.com](mailto:info@divesafe.com)

## Enrolment APPLICATION FORM

Last Name _____	First Name & Middle Name _____
Usual First Name _____	Telephone number _____ / email address _____
Mailing Address _____	
<b>Date of Birth:</b> _____	
<i>Mailing Address in Canada (if different from above)</i> _____	

### General Information

Level of Dive Experience:	<u>SCUBA</u>	<u>Surface Supply-restricted</u>	<u>Surface Supply- Unrestricted</u>
Certifying agency	<u>DCBC</u>	Other _____	
Program of STUDY:	<u>Dive Accident Man.</u>	<u>O2</u>	<u>1st aid</u> <u>WHMIS</u>

**Start Date:** \_\_\_\_\_ **End Date :** \_\_\_\_\_

### TUITION and Book Fees

Dive Accident Management	\$125	_____
O2 (Oxygen therapy)	\$ 65	_____
WHMIS	\$ 45	_____
1st aid		
<b>Manual &amp; textbooks</b>	<b>\$115</b>	_____
Dive Accident Management Manual(included in course fee)	\$25 +1.25(gst)	_____
<b>Total fees and books</b>		_____

<b>Payment method</b>			
<b>Full payment required at time of application</b>			
CASH CREDIT CARD:	cheque # _____ VISA      Mastercard	Order Direct Deposit	e-transfer
_____ name on card	# _____ card number	Expiry _____ expiry on card	CV# _____ cv of card
Student Signature		Date Signed	

**REFUND POLICY:**

- All courses are prepaid.
- Refunds will be processed if cancellation from the course is 2 weeks prior to course start date.
- No refund if cancellation from the course is less than 2 weeks prior to the course start date.

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**Office USE**

**RCVD application form:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      **Approved:**         yes         no

**Payment RCVD:** \_\_\_\_\_

**Course Date:** \_\_\_\_\_

**Notes** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Staff signature** \_\_\_\_\_

**Date:** \_\_\_\_\_