



Mental Health First Aid Course
For Adults Interacting with Youth



REGISTRATION FORM

Name(s) : _____

Agency Name: _____

Email: _____ **Phone:** _____

Course Date: _____

Payment – Cheque or Cash Only

- Payment Enclosed: \$**
- Payment to be dropped off at EPSS by _____ \$ _____**
- Payment mailed \$**

Please make all cheques payable to: **Employment Placement and Support Services**

As there is limited enrollment in each course all successful applicants will be notified of their registration acceptance to the course in advance by email.

Course Location:

EMPLOYMENT PLACEMENT and SUPPORT SERVICES
#200, 4315 – 55 Avenue
Red Deer, AB

Phone: 403-343-6249 or Email: bsutter@epssworks.com