



APPLICATION FORM

Trauma Recovery Certification Program

A non refundable application fee of \$50.00+\$2.50 GST fee is required to process your application.

Full Name: _____

Mailing Address : _____

_____ Postal Code: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Fax Number: _____

Email Address: _____

Source of Funding: (If applicable) _____ Contact name: _____

Mailing address: _____

Postal Code: _____ Email Address: _____

Work phone: _____ Fax number : _____

Please indicate the best way to contact you.
Please notify us immediately of any changes in your application or funding sources.

If you arriving before the start date and require accommodation, please contact the Star of the North to make your own arrangements.

Date and location of Trauma Certification Training you are applying for:

Date: _____ Location: _____

*Please indicate the best way to contact you.
Please notify us immediately of any changes in your application or funding sources.*

OFFICE USE ONLY	Emailed date:	Mailed date:	Faxed date:
Acceptance Letter			
Invoice # TRCP			
Invoice Paid	Cheque #		
Welcome Letter			
Comments:			

Professional Credentials: (Letters, plus meaning to general public) i.e.: RPN (Registered Psychiatric Nurse). If you do not have professional credentials, please indicate highest education level attained and any past relevant training.

Present employment and past relevant experience.

Personal goals and/or reasons for wanting to take the *Trauma Recovery Certification Program*

Accommodation required (please circle): Yes No

Application Fee... non refundable \$50.00

Certification Costs\$4,211.43

GST \$213.07

Total Cost by cheque, e-transfer or cash **\$4,474.50**

Total cost payable by MasterCard or Visa**\$4,586.36**

Cost Includes: Education & Training, texts & audiovisuals, handbook, supplies, meals, accommodation and mentorship.

No Accommodations, breakfast or dinner by cheque, e-transfer or cash **\$3,756.30**

Total cost for no accommodation, breakfast or dinner by VISA or MC **\$3,850.21**

Conditions of this training

*Please note that this training includes evening sessions.

***Full attendance and active participation are required for certification.**

*For emotional safety reasons, participants are urged to stay on site during this training.

Note: If you are paying by e-transfer please use jane@takingflightinternational.com address.** *Payment by cheque or E-transfer please****

How did you hear of our program?

€ Website

€ Newspaper (If so which one) _____

€ Flyer or brochure

€ Friend, relative or past student of program

Thank you for taking the time to complete this application. Your application will be reviewed and you will be notified shortly of the selection committee's decision.

RETURN YOUR COMPLETED APPLICATION TO:

TAKING FLIGHT INTERNATIONAL CORPORATION

OFFICES OF DR. JANE A. SIMINGTON PH.D.

9703 108 AVENUE

EDMONTON AB. T5H 4R9

FAX: (780) 472-0885

PHONE: (780) 473-6732

EMAIL: training@takingflightinternational.com

TOLL FREE: 1 866 473 6732

FOR MORE INFORMATION VISIT OUR WEBSITE www.takingflightinternational.com