



**Offices of Dr. Jane A. Simington Ph.D.**

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**APPLICATION FORM  
Trauma Recovery Certification Program  
Split Option**

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

Applicants Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Funder name: \_\_\_\_\_

(If applicable)

Funder 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.*

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

*Module 1 or Module 2: please circle*

Date: \_\_\_\_\_ Location: \_\_\_\_\_

OFFICE USE ONLY	Emailed date:	Mailed date:	Faxed date:
Acceptance Letter			
Invoice # TRCP			
Invoice Paid	Date:	Cheque #	MC or Visa
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.

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**Present employment and past relevant experience.**

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

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**Do you have special dietary needs:**\_\_\_\_\_

**Module1**

Application Fee non refundable.....	\$50.00
Certification Costs .....	\$2,080.72
Split Option admin fee.....	\$200.00
GST .....	\$116.54

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**Total cost payable by cheque, e-transfer or cash.....\$2,447.26**

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**Total cost payable by Master Card or Visa..... \$2,508.44**

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**Module 2**

Certification Costs .....	\$2,130.72
GST .....	\$106.54

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**Total cost payable by cheque, e-transfer or cash..... \$2,237.26**

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**Total cost payable by Master Card or Visa.....\$2,293.19**

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

**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 highly encouraged to stay on site during this training.

When paying by E-Transfer please sent payment to <mailto:jane@takingflightinternational.com>

**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 AND PAYMENT TO:**

**TAKING FLIGHT INTERNATIONAL CORPORATION  
OFFICES OF DR. JANE A. SIMINGTON PH.D.  
9703 108 AVENUE  
EDMONTON AB. T5H 4R9**

FAX: (780) 472-0885    EMAIL: [training@takingflightinternational.com](mailto:training@takingflightinternational.com)  
PHONE: (780) 473-6732    TOLL FREE: 1 866 473 6732

**FOR MORE INFORMATION VISIT OUR WEBSITE [www.takingflightinternational.com](http://www.takingflightinternational.com)**