



125 A, des Peupliers east  
Quebec, Qc  
G1L 1S3

Web site informations form for trainers

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Your membership number: \_\_\_\_\_

National Trainers Certification level: \_\_\_\_\_

Date of obtention for this certificate : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First Aid Course given by which organisation:

\_\_\_\_\_ When \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Where do you give your training courses: \_\_\_\_\_  
( in which city )

Phone number for inscriptions : ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Web Site adress ? : WWW. \_\_\_\_\_

E-Mail adress ? : \_\_\_\_\_

I do authorise the CKBAQ to publish thoses informations on his Web Site

\_\_\_\_\_ on \_\_\_\_\_ the \_\_\_\_ 201\_\_  
( Trainer's signature )