



# APPLICATION FORM

## Trauma Recovery Certification Program

***A \$50.00 fee is required to process your application***

*Acceptance requires commitment that you will complete with your entry class*

**Full Name:** \_\_\_\_\_

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

\_\_\_\_\_ **Postal Code:** \_\_\_\_\_

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

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

**Email Address:** \_\_\_\_\_

**Source of Funding:** (If applicable) \_\_\_\_\_

**Funder contact name, address, phone & fax number and /or email address:**

\_\_\_\_\_  
\_\_\_\_\_

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

*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:			



<b>Application Fee</b> .....	\$50.00
<b>Certification Costs</b> .....	\$4,152.38
<b>GST</b> .....	\$210.12
<b>Total Cost</b> .....	<b>\$4,412.50</b>

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

Conditions of this training

\*Please note that this training includes evening sessions.

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

**\*\*Payment by cheque 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

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)