

# Care and Treatment Occupancies

## Fire Safety Train-the-Trainer Seminar Registration Form

### The Seminar includes:

- Two days of intensive instruction, interaction and workshops;
- The training package, "Fire Safety Training for Employees of Care and Treatment Occupancies" produced and distributed by the Fire Marshal's Public Fire Safety Council, in partnership with the Office of the Ontario Fire Marshal;
- Opportunities to meet and discuss relevant fire safety issues with fire officials;
- Opportunities to interact with peers from other care and treatment occupancies;
- Accommodation for 2 nights (dormitory style single room with shared bathroom facilities) meals/coffee breaks each day.

**Register by faxing this application as soon as possible – space is limited!**

**FAX TO: Ontario Fire College Registrar 705-687-4611**

#### Cost of the Seminar is:

**\$310.00** - payable to the Minister of Finance for meals/accommodation and tuition.

**\$169.50** - payable to the Fire Marshal's Public Fire Safety Council for the training package. (If you have already purchased a copy of the training package, it is not necessary to purchase another. If you are sending more than one candidate from your facility one training package is adequate).

Note: Both cheques must be mailed to Linda DeVillers, Registrar, Ontario Fire College, 1495 Muskoka Road North, Gravenhurst, ON P1P 1R8 immediately after your acceptance on a seminar.

**We do not accept credit card payments.**

Information regarding accommodation/meals and directions will be forwarded to participants upon receipt of this form.

***\*I would like to register for the Seminar on the date noted below:***

APRIL 2 – 3/09

JUNE 29 – 30/09

OCTOBER 15 – 16/09

Name: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address (if available): \_\_\_\_\_

**Please check appropriate box identifying the type of facility you work in:**

Hospital

Residential Care

Nursing Home

Home for the Aged

Other (describe) \_\_\_\_\_

Group Home

**Identify how many people work in your facility including part-time employees and volunteers. \_\_\_\_\_**

***\* Please bring your facility's Fire Safety Plan with you to the Seminar.***