



Company Information

Legal Name of Company		Company Trade Name (dba)	
Name		Phone #	
Email Address		SAFE Certification #	
WorkSafeBC #		Classification Unit #	
Contact Address		City or Town	
Province		Postal Code	
Mailing Address			
<input type="checkbox"/> Mailing Address is same as Contact Address			
Name of Falling Supervisor		Number of Fallers on crew	

Faller Information

If the advocacy request is for more than one faller, this section is not required to be completed.

Faller's First Name		Faller's Last Name	
Phone #		Alternate Ph #	
Email Address		WorkSafeBC #	
Contact Address		City or Town	
Province		Postal Code	
Mailing Address			
<input type="checkbox"/> Mailing Address is same as Contact Address			

**Service Request**

Please indicate what safety advocacy services you would like to access (Please check all that apply):

	Remedial/Skills Upgrade Training	Provide remedial training plan, or skills upgrade training for Fallers and Falling Supervisors.
	Falling Supervisor Certification preparation	Provide Falling Supervisor Course participants with support and mentoring prior to the Certification assessment.
	Faller Visit	Provide falling safety advocacy and faller mentoring, promote falling safety initiatives and perform audits as requested for fallers.
	Supervisor Visit	Provide Falling Supervisors with mentoring, support and ongoing training as well as promoting current safety initiatives.
	QFT or QST Visit	Provide mentoring and ongoing training as requested for QFT's and QST's.
	Faller/blaster coaching and mentoring	Provide coaching and mentoring to dangerous tree faller blasters. Provide qualified assistance to Faller/Blaster.
	Trainer Advocacy	Provide assistance and mentoring to trainers of Faller trainees during their 180-day close supervision period.
	Critical Incident Investigation Assistance	Provide support and assistance in completing Critical Incident Investigations.
	Management coaching and mentoring	Provide conflict resolution support and mentor supervisors of operations that do not have a Falling Supervisor.
	Company Review	Provide a review of the company's Falling safety program. The review will not be disclosed to other parties unless agreed in advance and authorized in writing.



Comments and information: (Please list any special requirements or requests you have)

Attestation

I attest that the information I have provided is complete and accurate; and I authorize the BCFSC to verify its accuracy. I acknowledge that I read and understood that if I knowingly provide the BCFSC with untrue information, the BCFSC may refer the matter to legal authorities. Furthermore, I understand and agree that if I provide untrue information to the BCFSC or fail to provide information requested by them; then the BCFSC may, at its sole discretion, take action including but not limited to denying the application. I understand that by completing and submitting this application, I am requesting that the BCFSC contact me and provide the identified requested services.

Privacy Statement

The BC Forest Safety Council (BCFSC) is committed to protecting the privacy of any personal information you provide when submitting an application form to us. The BCFSC complies with the Freedom of Information and Protection of Privacy Act and discloses the information that could be shared with other parties.

Please check the box that you have read and agree to the attestation and privacy statement.

Applicant Name:	Applicant Signature:	Date:

Internal Use Only

Approved By:	Date Approved: