



Enrollment Form SERIOUS INCIDENT AND FATALITY INVESTIGATION

<i>Course Location</i> Online only		<i>Duration</i> Access to the online training is available for 6 months after enrollment date	
Participant Information <i>(complete fully and print clearly)</i>			
<i>Legal First Name</i>		<i>Legal Middle Name</i>	<i>Legal Last Name</i>
<i>Nickname (if applicable)</i>		<i>Former Name (e.g. maiden name)</i>	<i>Birthdate (mm/dd/year)</i> ____ / ____ / _____
<i>Mailing Address (Street; PO Box)</i>		<i>City/Town</i>	<i>Province, Postal Code</i>
<i>Phone Number</i>	<i>Personal/Cell Phone</i>	<i>Email Address</i>	
Company Information			
<input type="checkbox"/> <i>Employer's Company Name</i> OR <input type="checkbox"/> <i>Your Own Company Name</i>			
Course Fee for Online: No Charge			

Your company and personal information is only used for purposes of course enrollment and SAFE Companies verification. Confidential information will not be disclosed to third parties. Your information is valuable and we ensure all reasonable measures are taken to protect it.

Send completed form to BC Forest Safety by:

- Email: training@bcforestsafesafe.org
- Fax: (250) 741-1068
- Mail: 420 Albert Street, Nanaimo, BC V9R 2V7

Questions? Call us toll free: 1-877-741-1060