



**Halifax**  
Regional Centre for Education

**CUPE Local 5047**  
**First Aid/CPR Training Application**

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

School: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Assignment: ☐ EPA ☐ SSW ☐ LSS ☐ ECE  
☐ SPCOW ☐ ATSW ☐ CYCP

Are you a permanent CUPE employee: ☐ YES ☐ NO

Institution: \_\_\_\_\_

Cost of Course: \_\_\_\_\_

Course Name: \_\_\_\_\_

Beginning Date of Course: \_\_\_\_\_  
Month Day Year

Completed Date of Course: \_\_\_\_\_  
Month Day Year

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please include with this form\*** - Copy of Course completion  
- Proof of payment

**Please ensure application is submitted to/received at the address below.**

**CUPE Article 29 Professional Development Funding**  
**Halifax Regional Centre for Education - Human Resource Services**  
**33 Spectacle Lake Drive, Dartmouth, NS B3B 1X7**