

**SCOUTS CANADA  
NOVA SCOTIA COUNCIL  
ST. JOHN AMBULANCE TRAINING NS/PEI COUNCIL**

Group Name: \_\_\_\_\_

Name of Contact Scouter: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Type of Course: (Circle one)

1. All CPR Program (Level A - 4 hrs) (Level B - 6 hrs)
2. Standard First Aid (16 hrs)
3. Emergency First Aid (8 hrs)
4. Enhanced First Aid (20 hrs)
5. Lifesaver Challenge (Cub aged - 6 hrs)
6. We Can Help (Beaver aged - 4 hrs)

Preferred Dates: \_\_\_\_\_

Start Times: \_\_\_\_\_

Course Location: \_\_\_\_\_

(Civic Address)

Number of Attendants: \_\_\_\_\_ Adult's \_\_\_\_\_ Youth  
(Minimum 10)

**IMPORTANT**

Participant information required - listed on page 2 of this document.

30 days advanced notice is required to ensure your requested dates can be met.

All application requests must be completed and forwarded to:

Scouts Canada - Nova Scotia Council

6232 Quinpool Road

Halifax NS B3L 1A3

Phone - 1-800-557-7268 or 423-9227

Fax: 423-9227

[slewis@scouts.ca](mailto:slewis@scouts.ca)

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**PLEASE PRINT:**

<b>Name of Participant</b>	<b>Group</b>	<b>Section</b>	<b>Position</b> (Leader, Group Committee, Youth)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____