

CERTIFIED INSTRUCTOR APPLICATION



INTERESTED IN BECOMING PART OF OUR TEAM?

We, at Fall Protection Group Inc. (often referred to as FPG), are excited about your decision to pursue the use of our programming for your at-height training needs. Fall Protection Group has been creating, delivering, and training others to deliver fall protection and at-height rescue programs for more than twenty years to all manner of industries across North America and throughout the world.

In order to be accepted into the Certified Instructor Program for FPG's Working at Heights program (Ontario MOL approved), Fall Protection Group requires that you demonstrate how you meet a set of criteria pertaining to your knowledge and experience in working at heights. Please note that your application will be reviewed against these criteria, as this is a requirement of both Fall Protection Group and the Ontario Ministry of Labour via their Training Standard.

This information is necessary to set up our database system in order to create access to our online systems and to the correct electronic presentation. Please complete all four steps of this application and send it to registration@fallprogroup.com (or fax 403 270-7332) as soon as possible.

STEP 1 - INSTRUCTOR PROFILE (PLEASE PRINT CLEARLY)

FIRST NAME	MIDDLE NAME	LAST NAME	
LEGAL COMPANY NAME	EMAIL ADDRESS		
PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	FAX NUMBER	
WORK ADDRESS			
CITY	PROVINCE	POSTAL CODE	COUNTRY

- I agree that all the information I have provided on this application is accurate and truthful.
- I agree to the policies on page 6 of this document.

DATE OF APPLICATION

SIGNATURE OF APPLICANT:



STEP 2 – TECHNICAL OCCUPATIONAL HEALTH & SAFETY

Let us know what type of occupational health & safety knowledge and experience you have by checking off at least one of the following criteria.

- I have a professional occupational health and safety designation.
- I have a degree, diploma or certificate in occupational health and safety from a recognized post-secondary institution.
- I have successfully completed at least 30 hours of occupational health and safety training over the last 2 years.
- I have at least five (5) years of recent occupational health and safety experience.
- I have three continuous years of experience as a certified joint health and safety committee member (please be specific with where this experience was obtained).

Please use the space provided below to explain, in detail, how you meet the criteria you selected in the list above. Please include copies of any relevant documents.



STEP 3 – ADULT EDUCATION

Let us know what type of adult education knowledge and experience you have by checking off at least one of the following criteria.

- I have delivered over 100 hours of adult education in the last 5 years.
- I have a degree, diploma or certificate in adult education principles from a recognized post-secondary institution.
- I have a professional training and development designation.
- I have successfully completed an instructor training program based on adult learning principles.
- I have recent experience delivering training on fall protection related topics.

Please use the space provided below to explain, in detail, how you meet the criteria you selected in the list above. Please include copies of any relevant documents.



STEP 4 – WORKING AT HEIGHTS

Let us know what type of **working at heights** knowledge and experience you have by checking off at least one of the following criteria.

- I have knowledge of the Ontario Occupational Health and Safety Act and regulations relating to working at heights.
- I have knowledge of codes, standards and guidelines related to working at heights in general and the specific equipment to be used in delivering Fall Protection Group's Working At Heights program.
- I have knowledge of the hazards of working at heights.
- I have knowledge of the hierarchy of controls as it applies to working at heights.
- I have knowledge of work access, fall prevention and personal fall protection equipment and their respective limitations. This would include but is not limited to fall protection and fall restraint equipment, ladders, elevated work platforms, etc.

Please use the space provided below to explain, in detail, how you meet the criteria you selected in the list above. Please include copies of any relevant documents.



COMPANY INFORMATION

ALTERNATE SHIPPING ADDRESS FOR ACTIVATION ORDERS

Do you wish to have Student Activation Manual orders shipped to a different address than you provided on your profile page? If so, please fill out the shipping address information below:

CONTACT PERSON		PHONE NUMBER	
SHIPPING ADDRESS			
CITY	PROVINCE / STATE	POSTAL / ZIP CODE	COUNTRY

ADMINISTRATOR CONTACT

Do you have an administrator or other contact person in your organization who may be involved with record keeping or ordering of materials? If so, please fill out the required information below:

CONTACT PERSON		PHONE NUMBER	
EMAIL ADDRESS			
SHIPPING ADDRESS			
CITY	PROVINCE / STATE	POSTAL / ZIP CODE	COUNTRY

Can Fall Protection Group release your contact information to an individual or group looking for training in your area?

YES NO

Your signature for use on certification cards (keep inside the box):



POLICIES

CANCELLATION POLICY

1. Fall Protection Group Inc. reserves the right to cancel or postpone the Certified Instructor Program up to ten (10) business days in advance of course commencement. Fall Protection Group will notify registered individuals as soon as the class has been cancelled or postponed. Fall Protection Group is not responsible for any costs the applicant has or may have incurred as a result of the cancellation or postponement.
2. Registrants who cancel fifteen (15) business days or greater prior to the course date will receive a full refund, less a \$100 processing fee.
3. Registrants who wish to cancel between six (6) and fourteen (14) business days prior to course commencement have 2 options to avoid being charged the full course fee. They are as follows:
 - A substitution may occur of an individual from within the registrants company. The substitute person will need to submit all paperwork within the allotted time frame. A \$200 administrative fee applies.
 - Registration may be postponed to a future date. A \$200 administrative fee applies.
4. Registrants who cancel five (5) business days or less prior to course commencement will be charged the complete course fee.
5. Registrations who do not show up for the course will be charged the full course fee.
6. No refunds will be granted to individuals failing any program or audit. Individuals who fail will be provided with options for assisting them with completing the program.

MATERIAL REPLACEMENT POLICY

Additional charges will apply for the replacement of Certified Instructor materials (including due to loss or theft).

PRIVACY POLICY

Information collected including during the Certified Instructor program is intended for the purpose of communicating course details, payment confirmation and delivery of certificates. Any personal details retained by Fall Protection Group Inc. will be used for the purpose of tracking valid credentials. Certified Instructor information may be used for the notification of upcoming Fall Protection Group Inc. program offerings and special events. Fall Protection Group Inc. may at times divulge instructor contact information for the purpose of potential teaching opportunities if we are unable to offer training to a prospective registrant either because of timing or location constraints. Additionally, all instructors understand that personal information may be shared with Fall Protection Group Inc. corporate alliances in order to maintain industry certification.

