

Course Name

Course Date

Rank

Civilians enter Civ

First Name

Last Name

Service # (PRI)

Email

Unit

Civilians enter Civ

UIC

Civilians enter Civ

Affiliation

Reg Force

Reserve Force

CAF Family Member

DND/NPF Civilian

Element

Army

Navy

Air

Civilian

Phone Number

I am registering
to this course...

For my own personal interest

As a career or posting requirement

As a part of unit training

Mandated as a part of administrative
or disciplinary measure

Other

Supervisor's Name

Supervisor's Email

How did you hear
about our programs?

CFMWS.CA

SOCIAL MEDIA

UNIT HP REP

WORD OF MOUTH

HEALTH SERVICES

THE TRIDENT

PSP FITNESS

OTHER