

**Instructor Contact Information**

Name:	Email:
Daytime Telephone:	Evening Telephone:
Cell Number:	
Address:	

**Instructor Write Up** - Please provide a written paragraph outlining your qualifications and indicate if a resume or certificate copies are attached


**Proposed Program Title and Description Summary** - (detailed weekly plan required to be supplied)


**Risk Management** - How you will ensure all aspects of Health & Safety are addressed in this program
