



Nova Scotia Secondary Schools Students' Association

Metro Region Presents

## **Blossom 2018 – First Aid / Mental Health First Aid**

November 10-11<sup>th</sup>, 2018 (Dropoff 8:00am Saturday – Pickup 12:00pm Sunday)

Rosaria Building of Mount Saint Vincent University, Bedford, Nova Scotia

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_ Apt # \_\_\_\_\_

City / Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

School Name (If Applicable): \_\_\_\_\_ Year: \_\_\_\_\_

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

Phone (h): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone (c): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (YYYY/MM/DD): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender: \_\_\_\_\_

**Medical & Dietary Concerns** (*Information will remain confidential*): \_\_\_\_\_

*At this conference, there will be representatives of the NSSSA documenting the event. Do you consent to be photographed and/or recorded to be used by the NSSSA for promotional purposes only?*

Circle One:      **Yes**      **No**

Emergency Contact: \_\_\_\_\_

Phone (h): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone (c): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Phone (h): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone (c): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Any questions or concerns regarding registration should be directed to the Metro Cabinet 3-tion's:

**Bleona Sahiti**

bleonasahiti@hotmail.com  
902-445-6102

**Cameron Fiander**

camfiander@gmail.com  
902-877-4170

**Matt Boutilier**

matthewboutilier.nsssa@gmail.com  
902-817-0307

See Reverse →

*Please complete the following questions to the best of your ability. Please answer on a separate sheet if you need more space. If they do not apply to you, please answer "N/A".*

1. What interests you about volunteering with the NSSSA as an alumnus?
2. What experience do you have providing first aid and/or mental health first aid to youth?
3. What relevant qualifications do you have to support you in this role? Example: St. John's First Aid and HCP CPR, Letter of Enrolment for a Health Sciences (Nursing, HKin, Med School) Program. Please include a copy of such.
4. Why would you like to be a first aid/ mental health first aider for the Metro Regional conference?
5. What skills do you have that would support you in this role?
6. Do you have a Criminal Record Check from within the past year? Would you be willing to obtain such?

**Applicant Signature:** \_\_\_\_\_ **Date (YYYY/MM/DD):** \_\_\_\_\_

**Forms are due October 22<sup>nd</sup>, 2018. No refunds will be issued after November 1<sup>st</sup>, 2018.**

Any questions or concerns regarding First Aid and/or Mental Health First Aid should be directed to the following:

**Qendresa Sahiti**  
**Head First Aid**  
qendresas007@gmail.com  
902-456-5322

**Anna Campbell**  
**Head Mental Health First Aid**  
missannac15@gmail.com  
902-223-9923