



## HEALTH PROMOTION SERVICES (PSP) Course Registration Form

Please return your completed registration form  
 to the Health Promotion Office:

**Bldg. S-18, Rm. 206, Stadacona**  
**Fax: 721-8705**

Check here if you would like to be placed on our HP distribution list for upcoming programs.

How did you hear about our program?

PSP website Marlant Bulletin Board Trident Newspaper Unit HP Rep Email  Word of mouth  Display

<b>Course Requested:</b> Weight Wellness		
<b>Course Dates:</b>		
<b>Name:</b>		
<b>Rank:</b>		
<b>CF Affiliation:</b>	<input type="checkbox"/> Reg. Force	<input type="checkbox"/> Reserve Force <input type="checkbox"/> CF Family Member <input type="checkbox"/> DND/NPF Civilian
<b>Unit:</b>		
<b>Phone #</b>	<b>Daytime:</b>	<b>Evening:</b>
<b>Email Address:</b>		

**NOTE:** Please have your supervisor complete the following Request for Time off Work. This must be completed along with your registration information. Additional course information (e.g., dates, timings, program description) that your supervisor may require, is available on our website.

### REQUEST FOR TIME OFF WORK

This program/workshop is designed and tested specifically for the Canadian Forces. It is an integral part of the *Strengthening the Forces* Health Promotion initiative to improve the health of military personnel. Approval to attend this workshop during work time indicates the military's commitment to assist the member in developing their skills concerning this matter.

I hereby support \_\_\_\_\_'s efforts by providing time off work to allow him/her to attend the *Strengthening the Forces*' program/workshop.

**Date:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

Print Name

Supervisor's Signature