



External Rehabilitation Trainer (“ERT”) Application Form 2023

ICBC/WORKSAFE BC

REHABILITATIVE

<i>Name:</i>	<i>Date of Application:</i>
<i>Company:</i>	<i>Telephone:</i>
<i>Address:</i>	
<i>Postal Code:</i>	<i>Date of Birth:</i>
<i>Signature of Trainer:</i>	<i>Email Address:</i>

Enter details and attach copies of the following documentation:

<i>Post Secondary Degree:</i>	
<i>BCAK Registration #:</i>	<i>Expiry Date:</i>
<i>Other:</i>	<i>Liability Insurance Expiry Date:</i>
<i>Delta Business License #:</i>	<i>Delta Business License Expiry Date:</i>
<i>CPR Expiry Date:</i>	<i>First Aid Expiry Date:</i>

Return completed form and documentation

to: Shelley Simpson, Fitness and Wellness

Programmer Phone: 604.952.3074

Email: ssimpson@delta.ca

<i>Admin use only:</i>	
<i>First Expiry Date:</i>	<i>Approval Date:</i>

NOTE: City of Delta (“Delta”) reserves the right to approve or deny registration of each applicant as an ERT, in its sole discretion. Each ERT approved by Delta must sign a 2023 ERT Agreement prior to training clients in Delta facilities.