

## CCSA Safety Leadership Program Online Request Form

Thank you for your interest in the CCSA Safety Leadership Program. Please complete the following form to request online access to the materials.

Is your organization a member of the Continuing Care Safety Association?      Yes      No

Your name:

Your email:

Your title/position:

Your level of leadership according to CCSA Safety Leadership program definitions (Check only one of the following):

**Executive:** responsible for organization

**Middle Management:** responsible for facility(s)

**Frontline Supervisor:** responsible for specific department(s)

Name of organization/facility:

What service(s) does your organization/facility provide? (Check one or both)

LTC

DAL/SSL

Comments?

Please click on "Submit Form" at the top right of your screen to submit completed form.

**\*\*\*Please note** some Internet Browsers (I.e. Google Chrome) will not allow you to submit the form directly. You will have to scan and email the completed form to [safetyleadership@ab-ccsa.ca](mailto:safetyleadership@ab-ccsa.ca).

After membership has been confirmed, you will receive a confirmation email providing you with a link and a password to access the Safety Leadership Program online materials.

If you have any problems completing or submitting this form, please contact the CCSA at 780-433-5330.

Thank you,  
CCSA Team

*Leading the Way to Safety...*