



**ENERGY SAFETY CANADA**  
**Authorized Training Provider**  
**Instructor Referral Form**

The Authorized Training Provider Instructor Referral form should be completed and signed by the ATP authorized signatory or company’s management who holds seniority to the Authorized Signatory. This form will be submitted to [evaluations@energysafetycanada.com](mailto:evaluations@energysafetycanada.com) prior to the instructor application being completed or the application fee being paid.

Authorized Training Provider Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Reasons for Referring an Applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant Information**

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Course Applying For: \_\_\_\_\_

Staff Member  Contractor  Other: \_\_\_\_\_

Describe your professional relationship with the applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brief description of the applicant’s course content work experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brief description of the applicant’s adult teaching experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that information provided on this form is material to the applicant being accepted as an Energy Safety Canada instructor, and that any inaccuracy or misrepresentation will be sufficient reason for an application to be denied.

Signatory Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_