



*“Training to Save Lives”*

# MUTUAL AID DISTRICT TRAINING INCENTIVE INVOICE

1601 Van Horne Avenue East  
Brandon Manitoba  
Canada R7A 7K2  
Phone: (204) 726-6855  
Fax: (204) 726-6847  
Toll Free: 1-888-253-1488  
[mescocr@gov.mb.ca](mailto:mescocr@gov.mb.ca)  
[www.firemedic.ca](http://www.firemedic.ca)

**Calendar Year – January 1, 2018 – December 31, 2018**

**All Mutual Aid District Training Incentive Forms must be submitted by  
December 31<sup>st</sup> of each year.**

Mutual Aid District Coordinator:

Mutual Aid District:

Complete Address:

E-mail Address:

Work #:

Cell #:

<b>COURSE</b>	<b>RATE PER STUDENT</b> (place # of students below)	<b>TOTAL</b>
Basic Fire Fighting Skills	X \$150.00 per student	
Fire Fighting Level I <b>(Practical Evaluation)</b>	X \$350.00 per student*	
Fire Fighting Level II <b>(Practical Evaluation)</b>	X \$350.00 per student*	
Fire Fighting Level I <b>(Written Evaluation)</b>	X \$150.00 per student*	
Fire Fighting Level II <b>(Written Evaluation)</b>	X \$150.00 per student*	
<b>*A student completing both the practical and written evaluations for Fire Fighting Level I or Level II should be eligible for \$500.00.</b>		
Hazardous Materials Operations	X \$300.00 per student	
Fire Inspector Level I (On-Line)	X \$250.00 per student	
Fire Inspector Level II (On-Line)	X \$250.00 per student	
Fire & Life Safety Educator – Level I	X \$250.00 per student	
Fire Ground Management	X \$100.00 per student	
Rural Company Officer (On-Line)	X \$150.00 per student	





*“Training to Save Lives”*

# MUTUAL AID DISTRICT TRAINING INCENTIVE INVOICE

1601 Van Horne Avenue East  
Brandon Manitoba  
Canada R7A 7K2  
Phone: (204) 726-6855  
Fax: (204) 726-6847  
Toll Free: 1-888-253-1488  
[mescocr@gov.mb.ca](mailto:mescocr@gov.mb.ca)  
[www.firemedic.ca](http://www.firemedic.ca)

Instructor Workshop (Fire Fighting or EMR)	X \$150.00 per student	
Youth Fire Stop	X \$150.00 per student	
Emergency Services Instructor Level I	X \$250.00 per student	
Critical Incident Stress Management – Basic	X \$100.00 per student	
Incident Command System 100 (On-Line)	X \$100.00 per student	
Incident Command System 200	X \$150.00 per student	
Traffic Control Seminar	X \$100.00 per student	
Rescue Practices	X \$150.00 per student	
Vehicle Extrication Seminar	X \$150.00 per student	
Surface Water Rescue Seminar	X \$150.00 per student	
Farm Accident Rescue Seminar	X \$150.00 per student	
School Bus Rescue Seminar	X \$150.00 per student	
Pumps – Basic	X \$150.00 per student	
Pumps – Advanced	X \$150.00 per student	
Emergency Vehicle Driving Skills Seminar	X \$150.00 per student	
Ground Search and Rescue – Basic	X \$150.00 per student	
Ground Search and Rescue –Team Leader	X \$150.00 per student	
Wildland Fire Fighting for Structural Fire Fighters	X \$150.00 per student	
Emergency Medical Responder	X \$250.00 per student	
<b>**A copy of each students certificate or the Roster signed by the Instructor showing each student was successful in Basic Rescuer or Level C CPR and Standard First Aid and CPR Re-Certification must be submitted with this invoice to receive reimbursement.</b>		
Basic Rescuer or Level C CPR & Standard First Aid – Initial Course	X \$150.00 per student**	
Basic Rescuer or Level C CPR & Standard First Aid - Re-Cert.	X \$100.00 per student**	
CPR C Re-Certification	X \$50.00 per student**	
		TOTAL \$





*“Training to Save Lives”*

# MUTUAL AID DISTRICT TRAINING INCENTIVE INVOICE

1601 Van Horne Avenue East  
Brandon Manitoba  
Canada R7A 7K2  
Phone: (204) 726-6855  
Fax: (204) 726-6847  
Toll Free: 1-888-253-1488  
[mescocr@gov.mb.ca](mailto:mescocr@gov.mb.ca)  
[www.firemedic.ca](http://www.firemedic.ca)

The following must be completed with the Course name(s) and date(s) including all Student names.

Please ensure the Student date of birth, or Student Number portion is completed. Student Numbers can be found on the Students' Transcript.

**Course Instructed:**

1) **Location:** **Date:**  
2) **Location:** **Date:**

**Instructors: (List ALL)**

1) **3)**  
2) **4)**

**Student Name:** **Fire Department:** **Course:** **Student # or DOB:**

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)
- 11)
- 12)

I \_\_\_\_\_ attest that the above information is correct and true.  
MAD Coordinator Name (please print)

\_\_\_\_\_  
MAD Coordinator Signature

\_\_\_\_\_  
Date

**For MESCC use only:**

\_\_\_\_\_  
Supervisor, Student Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Manitoba Emergency Services College

\_\_\_\_\_  
Date

