



"Training to Save Lives"

COURSE APPLICATION FORM



ONE APPLICATION FORM PER COURSE. PLEASE PRINT CLEARLY AND ENSURE ALL SECTIONS ARE COMPLETED ACCURATELY AND ARE CORRECT. APPLICATION FORMS MISSING INFORMATION OR ILLEGIBLE WILL BE REJECTED.

COURSE INFORMATION

Course Name _____ Course Location _____
Course Date(s) _____ Position _____
(Fire Fighter, Paramedic, Inspector, etc.)

PERSONAL INFORMATION (Please ensure all sections are completed. Your name will appear on all documents as it is written below). The Manitoba Emergency Services College (MESC) and the Winnipeg Fire Paramedic Service (WFPS) comply with the "Freedom of Information and Protection of Privacy Act of Manitoba". Information collected on this form is used in the normal course of operations for these two Agencies in accordance with this legislation.

Birth Date ____/____/____
YEAR MONTH DAY

☐ Male ☐ Female

First Name _____ Last Name _____

Permanent Mailing Address _____ 2546 McPhillips Street

City Winnipeg Province Manitoba Postal Code R2P 2T2

Home Phone _____ Cell Phone _____

Email Address _____

Emergency Contact Person _____ Relationship _____

Contact Phone Number (if different from any numbers above): _____

I authorize the Manitoba Emergency Services College to release my transcript and certificate to my employer, the Winnipeg Fire Paramedic Services, attention to the Director at the above address.

Applicant's Signature _____ Date of Application _____

WINNIPEG FIRE PARAMEDIC SERVICE AUTHORIZATION

I hereby confirm the above individual is an active member of WFPS and covered by Worker's Compensation or applicable insurance while participating in the above course or testing. I further understand that while participating in such training or testing that the MESC and its employees shall not be liable for any injury sustained during such training or testing. This individual is considered by WFPS standards to be physically and emotionally fit to participate fully in the above course or testing without any special considerations, **is current in Standard First Aid and CPR** and has been supplied with personal protective equipment that meets the current NFPA Standard.

The following information is to be completed by the Director of the WFPS Academy for ALL members of WFPS.

I, _____ confirm that the above information is correct and true.
(Director or Designate) (Please Print)

Date Signature