"Training to Save Lives"

STUDENT COURSE APPLICATION FORM

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student_services@mbmesc.ca
firecomm.gov.mb.ca/mesc.html

- Ensure that all sections are completed. Incomplete forms will be rejected.
- All personal information contained on this form is strictly confidential, it is protected by the Protection of Privacy Provisions of the Freedom of Information and Protection of Privacy Act (FIPPA).

COURSE INFORMATION

One course per application form. Please print clearly.

Course Title: _____

Course Location & Dates: _____

Prerequisites are attached: ☐ Yes ☐ No

The MESC shares curriculum material electronically for the majority of its courses. To request hard-copy course materials, check the box below. Students who request hard-copy material may be charged administrative and shipping fees for this service.

☐ **Yes, I would like to receive hard-copy material by mail for this course. I acknowledge that I may be charged administrative and/or shipping fees for this service.**

PERSONAL INFORMATION

As it will appear on MESC correspondence, certificates & documents.

Family Name: _____

First Name: _____ Middle Initial: _____

Home Mailing Address: _____ Box number: _____

City/Town/Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Date of Birth: _____ _____ _____
YEAR MONTH DAY

Emergency Contact Name & Phone: _____

FIRE DEPARTMENT SPONSOR AUTHORIZATION (to be completed by Fire Chief)

I hereby confirm the above individual is an active member of our fire department and is 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 injury sustained during such training or testing. This individual is considered to be physically and emotionally fit to participate fully in the above course or testing without any special considerations and has been supplied with required Personal Protective Equipment (PPE).

****For students whose training is authorized by a fire department, the Fire Chief may request information on the applicant's grades/attendance. A Fire Chief can request the applicant complete a FIPPA (Freedom of Information and Protection of Privacy Act) waiver as part of this sponsorship. This form is available on our website or by contacting the MESC Student Services.**

Fire Department/Regional Health Authority _____

Fire Chief _____ _____
NAME (please print) SIGNATURE

Applicant Signature: _____ **Application Date:** _____