The Fire Department Training Report form must be completed by the Fire Chief, Deputy Fire Chief or Training Officer with the course name, date, location, course instructors, student names and the student’s Manitoba Emergency Services College Student Number of their date of birth. **Please ensure the student’s date of birth, or student number is completed. Student numbers can be found on the their Transcript.**

**Completed forms are to be sent to the Mutual Aid/Training District Co-ordinator to be added to the Mutual Aid/Training District’s Financial Incentive Invoice.**

### Course (one form per course):

### Fire Department:

### Course Date:

**Instructors (All instructors must be listed):**

**1)** **3)**

**2)** **4)**

|  |  |
| --- | --- |
| **Student Name**  | **Student # or DOB** |
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**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ attest that the above information is correct and true.**

 **NAME (please print)**

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 **SIGNATURE TITLE DATE**