



"Training to Save Lives"

STUDENT EXAM APPLICATION FORM

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Please ensure that all sections are completed. Incomplete forms will be returned. All personal information contained on this form is necessary for the efficient operation of the Manitoba Emergency Services College Records Management System and is strictly confidential. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act. **ALL INFORMATION MUST BE COMPLETED OR THE APPLICATION WILL BE REJECTED AND THE INDIVIDUAL WILL NOT BE REGISTERED ON THE COURSE.**

One application form per evaluation (please print clearly)

EXAM TITLE

EXAM DATE

EXAM LOCATION

EVALUATION: Written Practical Level 1 Level 2

REWRITE/RETEST: No 2nd Attempt 3rd Attempt

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

Female First Nations Inuit
 Male Metis Visible Minority (Non-Caucasian)

YEAR / MONTH / DAY
 BIRTHDAY

Emergency Contact Name & Phone:

Fire Department/Health Authority and Address

Name

Mailing Address

City/Town/Province Postal Code

Original Course Information

Original Course Date(s):

Original Course Location: Instructor:

Date of Application _____ Signature of Applicant _____

