



"Training to Save Lives"

FIRE AND EMR COURSE REGISTRATION

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
www.firemedic.ca

THE FOLLOWING **MUST BE** SUBMITTED WITH THIS COURSE REGISTRATION FORM FOR MATERIAL TO BE ISSUED:

- COURSE ROSTER
- ROSTER CHANGES? SEND AN UPDATED ROSTER TO THE MESC IF CHANGES MADE AT ANY TIME.

THE FOLLOWING **MUST BE** SUBMITTED 5 WORKING DAYS PRIOR TO THE COURSE START DATE:

- STUDENT COURSE APPLICATION FORM FOR EACH STUDENT
- PREREQUISITES (IF REQUIRED)

COURSE CANDIDATES **MUST BE:**

- A MINIMUM OF 18 YEARS OF AGE
- A MEMBER OF AN EMERGENCY SERVICES DEPARTMENT
- COVERED BY WORKERS COMPENSATION BY THEIR DEPARTMENT OR THEY WILL NOT BE TESTED BY THE MESC

COURSE TITLE _____

COURSE INSTRUCTOR (LEAD) _____

COURSE INSTRUCTOR _____

COURSE INSTRUCTOR _____

COURSE LOCATION _____

STREET ADDRESS _____

CITY, PROVINCE, POSTAL CODE _____

MAD, RHA OR OTHER (SPECIFY) _____

MINIMUM AND MAXIMUM NUMBER OF CANDIDATES: _____

* **START DATE** _____ * **END DATE** _____

**These dates must be the exact start and end dates for the course.*

Material will be: Pick-up by Lead Instructor **on** _____ Shipped to Lead Instructor Bus Mail

Address material to be shipped to:

MESC Administration Use Only

Copies to:

Coordinator Information:

Coordinator Name: _____

Mailing Address: _____

City, Province, _____

Postal Code _____

Phone: _____

Cell: _____

Email: _____

MESC Administration Use Only

3 Week Date: _____

10 Day Date: _____

