



*"Training to Save Lives"*

# STUDENT COURSE APPLICATION FORM

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Please ensure that all sections are completed. Incomplete forms will be returned. Photocopied forms will be accepted. 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 course (Please print clearly)

Course Title   
Course Location   
Course Date(s)

I have previously attended an MESC course:  Yes  No

**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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
YEAR MONTH DAY  
BIRTHDAY  Male  Female  Metis  First Nations  Visible Minority (Non-Caucasian)  Inuit

**Emergency Contact Name & Phone:**

**Fire Department / Regional Health Authority / Business/ Mutual Aid District**

Affiliation Name   
Mailing Address   
City/Town/Province  Postal Code   
Mutual Aid District

Date of Application \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

