Appendix I Application Form Training School

FIRE AND EMERGENCY SERVICES TRAINING APPLICATION

(Application is required to be completed for each course – complete applicable sections – please print)

Course Name		Location		Date of Course
APPLICANT INFORMATION	First Name:	Last Name		Date of Birth: (mm-dd-yyyy)
	P.O. Box/Street	City/Town	Province	Postal Code
	Home Phone #:	Cell /Work Phone #:	Email:	
FIRE DEPT/ ORGANIZATION INFORMATION	Name:	Phone #: Fax #:	Cell #:	
	Alternate Contact Name:	Phone #: Fax #:	Cell #:	
APPLICABLE TO EMERGENCY MANAGEMENT COURSES	Please Check Courses Completed (if applicable): ☐ BEM/EPO ☐ EOCM ☐ EPI ☐ ESM Other _____			
APPLICABLE TO FIRE PROTECTION COURSES	**Required for Driver Training - Fire Apparatus Driver/Operator Only:** Driver's License #: _____ Proof of Class 9 Air Brake Endorsement Required: _____ If certified to Firefighter I, please indicate Seal Number: _____			

_____ _____

Date **Supervisor / Fire Chief's Signature**

_____ _____

Date **Applicant's Signature**

*Personal information is being collected in accordance with section 32(c) of *the Access to Information and Protection of Privacy (ATIPP) Act* and will only be used for training purposes. Any questions or comments can be directed to the telephone number indicated below.

APPLICATIONS MUST BE SENT DIRECTLY TO:

Fire and Emergency Services – Newfoundland and Labrador
P.O. Box 8700, 25 Hallett Crescent, St. John's, NL A1B 4J6
Telephone: (709) 729-1608 / 3703 or Fax: (709) 729-2524 / 3857

Appendix I Application Form Training School

(This form is required for any Firefighter attending NFPA 1001 FFI or FFII Training)

MEDICAL AUTHORIZATION FOR CERTIFICATION

NAME: _____

DATE: _____

ADDRESS: _____

CITY: _____ **PROVINCE:** _____ **POSTAL CODE** _____

The above named applicant for the Firefighter I/Firefighter II training program in the Province of Newfoundland and Labrador has no known medical or physical conditions which would prevent participation in any or all of the physical activities which may be required by the practical skills demonstration portions of NFPA 1001 Firefighter I and Firefighter II.

_____ _____
Physician's Name Date

or

_____ _____
Fire Chief Date