



# NOVA SCOTIA FIREFIGHTERS SCHOOL

Please fax completed applications to

(902) 860 0255

www.nsfns.ca

Professional Instruction & Training for Emergency Responders

## COURSE APPLICATION

### COURSE INFORMATION

Course Name: \_\_\_\_\_ Course Number: \_\_\_\_\_

Location: \_\_\_\_\_ Start Date: \_\_\_\_\_

Applications must be received 30 days prior to course start date

### STUDENT INFORMATION

Date of Birth: (MM/DD/YYYY) \_\_\_ / \_\_\_ / \_\_\_\_\_ (mandatory)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### DEPARTMENT INFORMATION

Department Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\*Supervisor is for industrial and non-fire clients ONLY

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

### PREREQUISITE INFORMATION

Are you an active member of a fire department or industrial fire brigade?  Yes  No

Do you possess a valid Standard First Aid with CPR-C certificate?  Yes  No

\*Course prerequisites can be found on the course description

Have you met all of the prerequisite training for the course you are applying for?  Yes  No

### MANUALS

Do you wish to purchase the manual for this course?  Yes  No If yes please fill out billing section below

For more information on books please check our online store at <http://store.nsfns.ca/>

### ACCOMMODATIONS AND BILLING INFORMATION

Dorms are available on site at a rate of \$30/night. Do you require accommodations?  Yes  No Nights \_\_\_\_\_

Bill to:  Department  Municipality  Individual PO # \_\_\_\_\_  Course fee included

### STUDENT ACCEPTANCE OF RESPONSIBILITY

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. My intent by signing below is to exempt, waive and relieve the Nova Scotia Firefighters School ("NSFS") from liability for personal injury, property damage, and wrongful death.

Participants Name: \_\_\_\_\_ Participants Signature: \_\_\_\_\_

PRINTED

IF OVER 18 YEARS OF AGE

### DEPARTMENT ACCEPTANCE OF RESPONSIBILITY

I, \_\_\_\_\_ (Name) \_\_\_\_\_, (Rank/Title) of the \_\_\_\_\_ (Name of Dept./Employer) the undersigned, confirm that the above named student has met all of the prerequisite requirements for the course he/she is applying for. I also confirm that I have read this agreement and fully understand its terms. I understand that the Fire Department and/or Employer must assume any risk of injury or death as a condition of participation. In the event that injury or death does occur, I therefore agree to hold harmless the NSFS, its executive, board of directors, staff, instructors, assistants or volunteers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_