



## Elgin-Middlesex Regional Fire School 2025 Course Application Form

PLEASE PRINT CLEARLY  
All fields mandatory unless otherwise indicated

<b>Part 1: Applicant Information</b>					
<b>Surname:</b> <i>appears on certificate</i>		<b>Given Name:</b> <i>appears on certificate</i>		<b>Preferred Name:</b> <i>if different</i>	
<b>Rank/Position:</b>		<b>Email:</b>		<b>Phone:</b>	
<b>Ext.:</b>		<b>Dietary Restrictions:</b>			
<b>Part 2: Course Information</b>					
<b>Course Name:</b>			<b>Course Code:</b>		
<b>In-Class Date:</b>			<b>Online Start Date:</b> <i>Blended course only</i>		
<b>Part 3: Fire Department Information</b>					
<b>Name of Fire Service:</b>			<b>Phone:</b>		<b>Ext.:</b>
<b>Unit/Suite #:</b>	<b>Street #:</b>	<b>Street Name:</b>		<b>City/Town/Village:</b>	
<b>Postal Code:</b>				<b>Name of Fire Chief:</b>	
<b>Fire Chief Email:</b>				<b>Name of Designate:</b> <i>required if signing</i>	
<b>Designate Rank/Position:</b>		<b>Designate Email:</b> <i>required if signing</i>			
<b>Part 4: Acknowledgement</b>					

By signing the registration form, the Applicant and the Fire Chief (or designate) acknowledge the following:

1. The Fire Chief (or designate) and the Applicant affirm that the prerequisites for the indicated course have been met by the Applicant and will be made available to the Elgin-Middlesex Regional Fire School if requested for audit purposes.
2. The Fire Chief (or designate) authorizes the Applicant to participate in NFPA certification testing associated with the course or program (when applicable).
3. The Fire Chief (or designate) permits the Applicant the use of any required PPE or other equipment for the course.
4. The Fire Chief (or designate) and the Applicant acknowledge that the Elgin-Middlesex Regional Fire School and any host department/municipality will not be held liable for any injury or damages to any person or property resulting from the training session.
5. The Fire Chief (or designate) and the Applicant confirm they have read and understood the Course Registration Information document.
6. The Applicant agrees to abide by the policies of the Elgin-Middlesex Regional Fire School and the County of Elgin.
7. The Applicant affirms their ability to perform all physical and mental duties expected of a firefighter in a training capacity.
8. The Applicant affirms that they have been fit tested within the last year, as per the CSA Standard Z94, for all courses requiring a breathing apparatus, and that their PPE is within expiration date.
9. The Applicant acknowledges they are required to bring the SCBA with 2 cylinders for all courses requiring SCBA.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Fire Chief or Designate**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

**Please see Part 5: Billing Information on page 2**

<b>FOR OFFICE USE ONLY:</b>							
RECEIVED		CONFIRMED		WAITLIST		WITHDRAWN	