



*“Training to Save Lives”*

# STUDENT EXAM APPLICATION FORM

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Please ensure that all sections are completed. Incomplete forms will be returned. 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 evaluation (please print clearly)**

EXAM TITLE	<input type="text"/>		
EXAM DATE	<input type="text"/>		
EXAM LOCATION	<input type="text"/>		
EVALUATION:	<input type="checkbox"/> Written	<input type="checkbox"/> Practical	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2
REWRITE/RETEST:	<input type="checkbox"/> No	<input type="checkbox"/> 2 <sup>nd</sup> Attempt	<input type="checkbox"/> 3 <sup>rd</sup> Attempt

**Personal Information (as it will appear on MESC correspondence, certificates & documents)**

FAMILY NAME	<input type="text"/>		
FIRST NAME	<input type="text"/>	Middle Initial	<input type="text"/>
Home Mailing Address	<input type="text"/>		Box Number <input type="text"/>
City/Town/Province	<input type="text"/>		
Postal Code	<input type="text"/>	Home Phone	<input type="text"/>
Cell Phone	<input type="text"/>	E-mail Address	<input type="text"/>

<input type="text"/> / <input type="text"/> / <input type="text"/> YEAR MONTH DAY BIRTHDAY	Canadian Citizen Or Permanent Resident	Indigenous (Persons of North American Aboriginal ancestry including First Nations (status and non-status, Inuit and Metis)) Visible Minority (Persons other than indigenous people, who because of their race or color, are a visible minority.)
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**Emergency Contact Name & Phone:**

**Fire Department/Health Authority and Address**

Name	<input type="text"/>		
Mailing Address	<input type="text"/>		
City/Town/Province	<input type="text"/>	Postal Code	<input type="text"/>

**Original Course Information**

Original Course Date(s):	<input type="text"/>		
Original Course Location:	<input type="text"/>	Instructor:	<input type="text"/>
Date of Application _____	Signature of Applicant _____		