



*"Training to Save Lives"*

# FIRE AND EMR COURSE REGISTRATION

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Fax: (204) 726-6847  
Toll Free: 1-888-253-1488  
[student\\_services@mbmesc.ca](mailto:student_services@mbmesc.ca)  
[www.firemedic.ca](http://www.firemedic.ca)

THE FOLLOWING **MUST BE** SUBMITTED WITH THIS COURSE REGISTRATION FORM FOR MATERIAL TO BE ISSUED:

- COURSE ROSTER
- ROSTER CHANGES? SEND AN UPDATED ROSTER TO THE MESC IF CHANGES MADE AT ANY TIME.

THE FOLLOWING **MUST BE** SUBMITTED 5 WORKING DAYS PRIOR TO THE COURSE START DATE:

- STUDENT COURSE APPLICATION FORM FOR EACH STUDENT
- PREREQUISITES (IF REQUIRED)

COURSE CANDIDATES **MUST BE:**

- A MINIMUM OF 18 YEARS OF AGE
- A MEMBER OF AN EMERGENCY SERVICES DEPARTMENT
- COVERED BY WORKERS COMPENSATION BY THEIR DEPARTMENT OR THEY WILL NOT BE TESTED BY THE MESC

COURSE TITLE \_\_\_\_\_

COURSE INSTRUCTOR (LEAD) \_\_\_\_\_

COURSE INSTRUCTOR \_\_\_\_\_

COURSE INSTRUCTOR \_\_\_\_\_

COURSE LOCATION \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, PROVINCE, POSTAL CODE \_\_\_\_\_

MAD, RHA OR OTHER (SPECIFY) \_\_\_\_\_

MINIMUM AND MAXIMUM NUMBER OF CANDIDATES: \_\_\_\_\_

\* **START DATE** \_\_\_\_\_

\* **END DATE** \_\_\_\_\_

*\*These dates must be the exact start and end dates for the course.*

Material will be:  Pick-up by Lead Instructor **▶ on** \_\_\_\_\_

Shipped to Lead Instructor  Bus  Mail

**Address material to be shipped to:**

\_\_\_\_\_  
\_\_\_\_\_

**MESC Administration Use Only**

**Copies to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Coordinator Information:**

**Coordinator Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City, Province, \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

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

**MESC Administration Use Only**

**3 Week Date:** \_\_\_\_\_

**10 Day Date:** \_\_\_\_\_