



**CANADIAN FIRE RESCUE COLLEGE**  
Application Package

*Are you ready to start your career? This is the first step!*



# Introduction

## Welcome!

Welcome to the Canadian Fire Rescue College's application package for all our NFPA courses.

Please take a moment to read through the whole application package and ensure all documents needed are attached upon submission.

The CFRC requires a minimum of 6 students to move forward with all courses and will not accept more than 12. Make sure to get your application in quickly!

Once your application is submitted and the registration fee is paid, you will receive notice on your status within a few weeks.

### *Do you have any questions?*

- Call 1-855-710-3473 extension 703.
- [admissions@canadianfirerescuecollege.com](mailto:admissions@canadianfirerescuecollege.com)

### *Please submit completed applications to:*

- [admissions@canadianfirerescuecollege.com](mailto:admissions@canadianfirerescuecollege.com)
- Mail to:  
CFRC Admissions  
Po Box 1550  
Onoway, Alberta, T0E 1V0





# Applicant Checklist

## Information

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

Course(s) you are applying for: \_\_\_\_\_

*Use this checklist to help ensure you have submitted all necessary documents for your application to the CFRC.*

Y	N	
		Have you paid the application fee of \$ 250.00?
		Have you read and signed all necessary pages in this document?
		Have you submitted your resume?
		Have you submitted proof of age (minimum 18)
		Have you submitted proof of high school graduation, post-secondary education, or GED?
		Have you submitted your driver's license? (all students must have at minimum their class 5 or provincial equivalent at the time the course starts)
		Have you submitted a 5-year commercial driver's abstract validated within the last one (1) month?
		Have you submitted proof of your Standard First Aid and CPR Level C or higher?
		Have you submitted the medical form signed by your family physician validated within the last one (1) month? (medical form below)
		Two (2) character reference letters from non-family members? (letter format below)



# Application Forms

## Personal Information

Last Name	Middle Name	First Name
Date of Birth (yyyy/mm/dd)		Gender
Phone number	Email address	
Mailing address		
City	Province	Postal Code

## Emergency Contact

Last Name	First Name	Relationship
Phone Number	Email Address	

## Information Declaration

I do hereby declare that all the information given above is true to the best of my knowledge and beliefs. I certify that all relevant information has been brought forward and not withheld. If I am accepted for the course I have applied for, I agree to comply with all rules, regulations, and instructions from the Canadian Fire Rescue College.	
Applicant Signature	Date



# Consent Forms

## Personal Protective Equipment Form

<p>I, _____, understand that the personal protective equipment supplied to me for the duration of the course is owned by the Canadian Fire Rescue. I understand that I do not own any of the equipment and that the equipment must be returned upon completion of the course. I understand that if I do not return all equipment, or return my equipment damaged beyond usual wear and tear, I will be charged for the cost of replacement equipment (new).</p>	
<p>Turnout Jacket and Pants: \$1800.00 Fire Glovers: \$120.00 Fire Boots: \$175.00 FR Coveralls: \$350.00</p>	<p>Safety Glasses: \$10.00 Fire Helmet: \$300.00 Balaclava: \$50.00 Leather gloves: \$40.00 Webbing: \$20.00</p>
<p>Applicant Signature _____ Date _____</p>	

## Equipment Required Form

<p>I, _____, understand that there is supplemental equipment not supplied by the Canadian Fire Rescue College necessary in the CFRC's courses. I understand that if I am a member in good standing with another fire service, I am to report in uniform with all required PPE that meets or exceeds NFPA standards. All other students must come prepared with the following equipment:</p> <ul style="list-style-type: none"><li>• 2 midnight blue uniform shirts (for all courses)</li><li>• 2 CFRC midnight blue exercise shirts (for all courses)</li><li>• 2 midnight blue station (tactical) pants (for all courses)</li><li>• 1 pair of CSA approved, black, 8" steel toed work boots (for all courses)</li><li>• 2 pairs of midnight blue shorts or joggers (for full-time courses)</li><li>• 1 pair of running shoes (for full-time courses)</li><li>• Textbooks needed as per course.</li></ul>	
<p>Applicant Signature _____ Date _____</p>	



## Extra Forms

### Medical Form

This circuit is designed to assess the physical work capabilities of a healthy individual. Each test requires the student's utmost effort. All the tests will be completed while wearing personal protective equipment (PPE) that weighs approximately 22kg (50lb). This ensemble includes helmet, flash-hood, gloves, pants, boots, jacket, and self-contained breathing apparatus (SCBA). The student is not required to breathe from the SCBA but must carry it. For safety during the walk test, running shoes are substituted for firefighting boots. These tests will be administered by NFPA 1001 level 2 firefighters and are not medically supervised. The test procedures are described briefly below.

#### **A. Aerobic endurance**

The applicant will walk 1km in full PPE. The terrain will consist of gentle slopes up and down with one steep hill ascension and descent. Combined with the exercise stress, the weight and heat retention properties of the PPE there can be a significant level of fatigue. Applicants will have 1hr of rest before moving on to the other tasks.

#### **B. Job-related performance tests**

Prior to completing the job-related tests, the applicant will complete a "walk-through" session where they can practice each of the tasks. This will take approximately 30 minutes and serves to familiarize the applicant with testing procedures and provides a suitable warm up for the demanding tests that follow. Each test is followed by a rest period of 3 minutes for recovery and hydration. Applicants are not permitted to leave the testing area or remove the PPE during the rest periods.

#### **C. Confined Space Test:**

The applicant will make their way through a 10ft confined space (culvert) with full PPE and a face mask. No SCBA harness will be worn. This is to assess an applicant's claustrophobia.

#### **D. Ladder climb test:**

The applicant climbs a 7.3m (24') ladder to the 10<sup>th</sup> rung and returns to the floor as quickly as possible. This task will be repeated five times. This test assesses muscle strength, endurance, and anaerobic capacity.

#### **E. Equipment carry:**

The applicant will carry a small (18kg or 40lb) and large (36kg or 80lb) tool a total distance of 30m (100'). In addition, the applicant will lift and hold the 18kg tool in a specific position that simulates the work required. The tools will then be returned



to the starting point. This test is designed to assess the strength required to lift, carry, and use heavy tools on a fire scene.

**F. Victim Drag:**

The applicant drags a mannequin weighing 68.2kg (150lb) a total distance of 30m (100'). The test starts when the mannequin lying "face up" on the floor and the applicant standing. The applicant lifts the mannequin and walks backwards for 15m, turns around a traffic cone and returns to the start line as quickly as possible. This test assesses strength, power, and agility.

**G. Forcible entry:**

Using a 3.6km (8lb) sledgehammer, the applicant moves a weighted truck tire (102kg or 200lb) 30.5cm (12") as rapidly as possible. This assesses muscle strength, power, and endurance, particularly the upper body.

**Question 1.**

Is this individual taking any medication that could affect normal physiological responses to exercises?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain.

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

**Question 2.**

Is there any medical reason that this individual should not undertake very strenuous exercise?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain.

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

**I certify that this applicant has been given a medical examination and is medically fit to undertake the Physical fitness evaluation described above.**

Applicant's name: \_\_\_\_\_

Applicant's DOB: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Physician's name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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









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