



NOVA SCOTIA FIREFIGHTERS SCHOOL

Please fax completed applications to

(902) 860 0255

www.nsfs.ns.ca

Professional Instruction & Training for Emergency Responders

COURSE APPLICATION

Applications must be received 30 days prior to course start date

COURSE INFORMATION

Course Name: _____ Course Number: _____

Location: _____ 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: _____

E-mail (mandatory): _____

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: _____ E-mail: _____

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

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

*Course prerequisites
can be found on the
course description

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 <https://fireschool.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 _____ (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 (required): _____ Date: _____

CANCELLATION POLICY

**Cancellations must be submitted to NSFS fourteen (14) days prior to the course start date (preferably in writing).
Unexcused absences will still be charged in full for course and accommodations if applicable.
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**