



NOVA SCOTIA FIREFIGHTERS SCHOOL

Please fax or email completed applications to
(902) 860 0255/info@fireschool.ca

www.fireschool.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: _____

PRE-REQUISITE 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>

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.**