



Emergency Services Academy Ltd. Application Form

Personal Information			
Surname	Legal First Name	Middle Name	
Birth Date (mm/dd/yyyy)	Gender	Social Insurance Number (SIN)	E-mail Address - Mandatory
Permanent Address (Street/Avenue/Box Number)			
City	Province	Postal Code	
Home Telephone	Alternate Telephone		
Emergency Contact Person	Relationship	Telephone	

Registration Information	
Course: _____	Course Dates: _____

Payment	
Application and tuition fees are payable to Emergency Services Academy Ltd.	
Include payment for total course fees. Method of payment:	
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque/Money Order <input type="checkbox"/> Interac e-Transfer	
<input type="checkbox"/> Debit <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Credit Card Use:	_____
Card Number (will not be kept on file by ESA)	Expiry Date
Name of Cardholder: _____	Cardholder's Signature: _____

Declaration	
I hereby certify that all statements on this application are true and complete in all respects and no relevant information has been withheld. If accepted for the above course, I agree to comply with all rules and regulations of Emergency Services Academy Ltd.	
_____ Applicant's Signature	_____ Date
<i>The collection of this personal information is necessary for operating and administering the services of the ESA Registry. All personal information will be protected under the provisions of the Alberta Freedom of Information and Protection of Privacy Act.</i>	