



**NFPA 1006: Rope Rescue 1  
Application Package - Effective January 1, 2024**

The **NFPA 1006: Rope Rescue 1 Course** offered by ESA is taught to the level of NFPA 1006.

Please ensure you read all of the instructions carefully before submitting your application for a Rope Rescue 1 Course. All sections of the application must be completed.

All documents submitted become the property of ESA. If you are accepted into the program, original documents will not be returned to you; if you are not accepted, you may request the return of your application and ESA will keep a copy on file.

**Please forward your complete application, full payment of fees, the completed checklist page and supporting documents to:**

E-mail to [applications@ESAcanda.com](mailto:applications@ESAcanda.com)

Fax to 780-449-4787, or

Mail, courier or deliver it in person to:

Emergency Services Academy Ltd.  
2nd Floor, 161 Broadway Boulevard  
Sherwood Park AB T8H 2A8

**Acceptance into a Rope Rescue 1 Course at ESA**

You will be advised by email of your acceptance into an NFPA 1006: Rope Rescue 1 Course at ESA pending the receipt of a complete and acceptable application by ESA. Classes are capped at 14 students. If the class you apply for is fully registered, you will be offered a place in another class.

If the course is cancelled due to insufficient applications, all fees will be refunded.

**Questions? Call 780-416-8822 or e-mail [applications@ESAcanda.com](mailto:applications@ESAcanda.com)**



**NFPA 1006: Rope Rescue 1**  
**Application Checklist - Include this page with your application.**

**Applicant:** \_\_\_\_\_  
 Last Name First Name Middle Name

**Course Code: Rope** \_\_\_\_\_  
 (YYMM)

<b>ESA Use</b>	<b>Student Checklist - Include the following with your application.</b>
<input type="checkbox"/>	<input type="checkbox"/> Proof of Age (minimum 18 years). A driver's license is acceptable.
<input type="checkbox"/>	<input type="checkbox"/> Confirmation that you are in good physical condition.
<input type="checkbox"/>	<b>Option 1: Medical Training Requirement for NFPA 1006 Certification - 6 day course</b> Include official documentation (eg. copy of wallet card, practice permit) for one of the following: <input type="checkbox"/> Emergency Medical Responder (current with the Alberta College of Paramedics or completed within the last three years)
<input type="checkbox"/>	<input type="checkbox"/> Primary Care Paramedic (current with the College or completed within the last three years)
<input type="checkbox"/>	<input type="checkbox"/> Advanced Care Paramedic (current with the College or completed within the last three years)
<input type="checkbox"/>	<input type="checkbox"/> Medical First Responder*
<input type="checkbox"/>	<input type="checkbox"/> Advanced Adventure Medic / Wilderness First Responder*
<input type="checkbox"/>	<input type="checkbox"/> Advanced First Aid (SJA or Red Cross)*
	* See Alberta Labour's list of approved first aid training providers for the first aid training in the workplace: <a href="http://work.alberta.ca/documents/approved-firstaid-training-courses.pdf">http://work.alberta.ca/documents/approved-firstaid-training-courses.pdf</a>
<input type="checkbox"/>	<b>Option 2: ESA Certificate only - 5 day cours</b> <input type="checkbox"/> Applying without Medical Training - Rope Rescue - ESA Certificate - 5 day course

**ESA Use Only**

Date application received: \_\_\_\_\_ Date application processed, fee paid: \_\_\_\_\_

Date email sent to applicant: \_\_\_\_\_ Processed by: \_\_\_\_\_ NFPA 1006: Rope Rescue 1 App 2024 v1.0



**NFPA 1006: Rope Rescue 1  
Application Form - Page One  
Confirmation of Physical Fitness**

I, \_\_\_\_\_, understand that the training provided for NFPA 1006 Rope Rescue 1 requires that I be in good physical condition.

Please initial each of the boxes below to show that you understand and acknowledge the physical requirements.

I am able to access areas requiring steep and high angle rescues;

I have the physical strength required to assist in moving a victim.

Please initial each of the above boxes to show that you understand and acknowledge the physical requirements.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**



## NFPA 1006: Rope Rescue 1 Application Form - Page Two

### Personal Information

Last Name \_\_\_\_\_ First Name (Legal) \_\_\_\_\_ Middle Name \_\_\_\_\_

Former Surname \_\_\_\_\_ Also Known As \_\_\_\_\_ Date of Birth (YYYYMMDD) \_\_\_\_\_

Gender  Male  Female  Neither, I identify as: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Social Insurance Number (SIN) \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ Phone Number (Cell) \_\_\_\_\_ Email Address - Mandatory \_\_\_\_\_

Mailing Address (Street/Avenue/Box Number) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

How did you learn about ESA? \_\_\_\_\_

\_\_\_\_\_

### Registration Information

Course: **NFPA 1006: Rope Rescue 1**

Please list the following information for the session you want to register for:

Course Code: \_\_\_\_\_ Start Date: \_\_\_\_\_

- Option 1: **NFPA 1006: Rope Rescue 1 Certification** - 6 day course (Medical Training required)
- Option 1: **ESA Certificate only** - 5 day course



**NFPA 1006: Rope Rescue 1  
Application Form - Page Three**

**Payment**

Are you being sponsored for this program by a business or organization?

Yes  No If Yes, please provide details, including a contact name and email address:

\_\_\_\_\_

All course fees are payable to Emergency Services Academy Ltd., and include GST fees. Fees are subject to change. To confirm current fees, please check our website [www.ESAcanada.com](http://www.ESAcanada.com) or call (780) 416-8822.

Option 1: NFPA 1006: Rope Rescue 1 (NFPA Certified - 6 days, medical training requirement submitted) \$2,285.00

Option 2: Rope Rescue, ESA Certificate (not NFPA Certified - 5 days, no medical training required) \$1,700.00

Method of Payment:

Cash  Cheque/Money Order  Debit  E-Transfer  VISA  MasterCard  American Express

**For Credit Card Use:** \_\_\_\_\_  
Card Number (will not be kept on file by ESA)

\_\_\_\_\_  
Expiry Date (MMYY)

Name of Cardholder: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

**For INTERAC e-Transfer:** Set up the e-Transfer through your bank using the ESA email address: [e-transfers@ESAcanada.com](mailto:e-transfers@ESAcanada.com). e-Transfers to ESA are automatic deposit.

**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 program, I agree to comply with all rules and regulations of **Emergency Services Academy Ltd.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

*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.*