



Application Package – Medical First Responder

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

Questions? Call 780-416-8822 or e-mail applications@ESAcana.com

ESA. THE BEST ARE READY.



**Medical First Responder (MFR)
Application Package**

Please ensure you read all the instructions carefully before submitting your application for the Medical First Responder (MFR) course. All sections of the application must be completed.

All documents submitted become the property of ESA. If you are accepted into the course, 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.

Acceptance into the MFR Course

You will be advised by email of your acceptance into the MFR course at ESA pending receipt of a complete and acceptable application by ESA. The course maximum is 24 students. If the course you apply for is fully registered, you will be offered the opportunity to apply for an alternate MFR course.

Questions? Call 780-416-8822 or email applications@ESAcanda.com

Submit your complete application, including prerequisites and payment to:

E-mail to 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

ESA Use Only

Date application received: _____ Date application processed; fee paid: _____

Date email sent to applicant: _____ Processed by: _____ MFR APP 2024/04 v1.0



Medical First Responder (MFR) Application Checklist

Include this page with your application.

Applicant: _____
Last Name First Name Middle Name

Course Code: _____ Start Date: _____ End Date _____

ESA Use	Student Checklist
Option 1: Medical First Responder – Full-time Applicants:	
<input type="checkbox"/>	<input type="checkbox"/> Proof of Age – minimum age 16 (include photocopy of driver’s licence or birth certificate)
<input type="checkbox"/>	<input type="checkbox"/> Standard First Aid Certificate – dated within one year as of the first day of the course (include photocopy)

Do you require Special Academic Accommodations? Yes No

If yes, you must submit the required documentation with your application package. Refer to our website:
<https://www.ESAcanda.com/student-services#academic-accommodation>



Medical First Responder (MFR) Application Form – Page One

Personal Information		
_____	_____	_____
Last Name	First Name (Legal)	Middle Name
_____	_____	_____
Former Surname	Preferred Name	Date of Birth (YYYYMMDD)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Neither, I identify as: _____	Pronouns: _____
_____	_____	_____
Alberta Student Number	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
_____	_____	_____
Please provide details of how you learned about ESA. If a referral from a former or current ESA student, please provide their full name so we can follow up with a thank you and referral fee.		

Payment Details:		
Are you being sponsored for this course by a business or organization?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details, including a contact name and email address:		



Medical First Responder (MFR) Application Form – Page Two

Payment Details:

Application and tuition fees are payable to Emergency Services Academy Ltd., and are subject to change. To confirm current fees, please check our website www.ESAcanada.com or call (780) 416-8822.

Payment Amount:

Include Payment for total course fees for the applicable MFR Course. Payment amount: \$1,950.00

Method of Payment:

Cash Cheque Debit E-Transfer Visa MasterCard American Express

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

/____
Expiry Date

Name of Cardholder: _____ Cardholder's Signature: _____

For **Interac e-Transfers** use the ESA email address: e-transfers@ESAcanada.com.

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

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.