

Application Package NFPA 1021 Fire Officer Level I Training

Submit to:

ESA•FIRE

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

Questions? Call (780) 416-8822 or e-mail applications@ESAcanada.com



Professional Fire Fighter - NFPA 1021 Fire Officer Level I Training Application Package

Please read all of the instructions carefully before submitting your application for the NFPA 1021 Fire Officer Level I Training course.

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.

Acceptance into the NFPA 1021 Fire Officer Level I Training course:

You will be advised by email of your acceptance into the NFPA 1021 Fire Officer Level I Training course at ESA, pending the receipt of a complete and acceptable application by ESA. If the course you apply for is fully registered, you will be offered the opportunity to apply for an alternate course.

Questions? Call (780) 416-8822 or e-mail applications@ESAcanada.com

Please forward your complete application, complete checklist, prerequisites and payment to Emergency Services Academy Ltd.

Complete applications can be submitted by:

Mail, courier or In Person: Emergency Services Academy Ltd.

2nd Floor, 161 Broadway Boulevard

Sherwood Park AB T8H 2A8

Fax to: (780) 449-4787

E-mail: applications@ESAcanada.com

ESA Use only:		
Date application received:	Date application processed, f	ees paid:
Date e-mail sent to applicant:	Processed by:	NFPA 1021 Fire Officer Level Training v05



Professional Fire Fighter - NFPA 1021 Fire Officer Level I Training Application Checklist - Page One

Applica	ant						
		Surname		First Nan	ne		Middle Name
Applic	ation	for the NFPA 1	021 Fire	Officer Level I Tr	aining Course (Code:	
ESA	04	dant Obaaldiat					
Use		dent Checklist	voare of	experience in the	fire service?		
VVIIICI	i Des	indicates your	years or	experience in the	ille service:		
С	areer	Fire Fighter,	years	s of experience	Volunteer Fire F	ighter,	years of experience
Please	e prov	ride any additiona	l informa	tion ESA should be	aware of regardin	ng you	r fire service career:
NFPA	1021	Fire Officer Lev	el I, plea	se provide proof o	of the following p	orereq	uisites:
		472 OR 1072 Aw	areness				
		472 OR 1072 Op	erations				
		1001 Fire Fighter	.1				
		1001 Fire Fighter	· II (includ	ding medical qualific	cation - listed belo	ow)	
		1041 Fire Instruc	tor I				
		Applicants are re of the program:	quired to	provide ONE of the	e following, dated	within	three years as of the first
		Standard First Ai Advanced First A		Medical First Resp Emergency Medic			imary Care Paramedic Ivanced Care Paramedic
	☐ first	CPR - BLS Provi day of the progra			h Care Provider.	Dated	within one year as of the
		Resume					
		ICS 1-100 Online	Course				



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Personal Information						
Last Name	First Name (Legal)	Middle Name				
Former Surname	Preferred Name	Date of Birth (YYYYMMDD)				
Gender: ☐ Male ☐ Female ☐	Gender: Male Female Neither, I identify as: Pronouns: Pronouns:					
Tshirt Size ☐ XS ☐ S ☐ M	□ L □ XL □ XXL					
Alberta Student Number	Socia	I Insurance Number (SIN)				
Phone Number (Cell)	Phone Number (Home)	E-mail Address - Mandatory				
Mailing Address (Street / Avenue / Box Number)						
City	Province	Postal Code				
Emergency Contact Person	Relationship	Telephone				
How did you learn about ESA? 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.						
Student Funding						
Are you being sponsored for this course by a business or organization?						
□ Yes □ No If Yes, please provide details, including a contact name and email address:						



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Payment Details					
Include payment for total course fees for the NFPA 2021 Fire Officer Level Training. Payment amount \$					
Method of Payment:					
□ Cash □ Cheque/Money Order □ Debit □ E-Transfer □ VISA □ MasterCard □ American Express					
For Credit Card Use:					
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.					
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.					