# Emergency Services Academy Ltd.
# Application for Admission

## Personal Information

Surname | Legal First Name | Middle Name

Birth Date (mm/dd/yyyy) | Gender | How did you learn about ESA?

Permanent Address (Street/Avenue/Box Number)

City | Province | Postal Code

Home Telephone | Alternate Telephone | E-mail Address - Mandatory

Emergency Contact Person | Relationship | Telephone

## Registration Information

Program: _____ Start Date: _____

## Payment

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.

Include Application Fee (non-refundable $100.00) for the EMT/PCP and Professional Fire Fighter Programs.
Include payment for total course fees for the EMR Program and any Accessory Courses (e.g. Ice Rescue, EMR Refresher).

Payment Amount $ _____

☐ Cash ☐ Cheque/Money Order ☐ Debit ☐ VISA ☐ MasterCard ☐ 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**

*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.*