



ESA. THE BEST ARE READY.

NFPA 1006: Rope Rescue 1 Application Package

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:

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

Acceptance into a Rope Rescue 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 info@ESAcanada.com

Submit your complete application by

E-mail to info@ESAcanada.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**

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NFPA 1006: Rope Rescue 1

Application Checklist - Include this page with your application.

Applicant:

Last Name

First Name

Middle Name

Course Code: Rope _____
(YYMM)

ESA Use	Student Checklist - Include the following with your application.
<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"/>	<input type="checkbox"/> Option 1: Medical Training Requirement for NFPA 1006 Certification - 6 day course Include official documentation (e.g., copy of wallet card, practice permit) for one of the following: <ul style="list-style-type: none"><input type="checkbox"/> Emergency Medical Responder (current with ACP or completed within the last 3 years)<input type="checkbox"/> Emergency Medical Technician/ Primary Care Paramedic (current with ACP or completed within the last 3 years)<input type="checkbox"/> Advanced Care Paramedic (current with ACP or completed within the last 3 years)<input type="checkbox"/> Medical First Responder*<input type="checkbox"/> Advanced Adventure Medic/Wilderness First Responder*<input type="checkbox"/> Advanced First Aid (SJA or Red Cross)* <p>*See Alberta Labour's list of approved first aid training providers for first aid training in the workplace: http://work.alberta.ca/documents/approved-firstaid-training-courses.pdf</p> <p>OR for Option 2: ESA Certificate only - 5 day course</p> <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: _____ App 1812 V4.0

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

I, _____, understand that the training provided for NFPA 1006 Rope requires that I be in good physical condition.

☐ 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:** _____

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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 ☐ Unspecified

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? ☐ Internet search ☐ Social Media ☐ Knew ESA website ☐ ESA Information Session

☐ Referral from a friend/neighbor/someone working in emergency response ☐ Referral from a former or current ESA student

☐ Radio ☐ Newspaper advertisement ☐ Online advertisement ☐ Facebook Adv ☐ Other

Please provide additional information and details of how you learned 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 Certification** - 6 day course (Medical Training Required)

☐ **Option 2: ESA Certificate only** - 5 day course

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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 are subject to change. To confirm current fees, please check our website www.esacanada.com or call (780) 416-8822.

Include Payment for total course fees with your application:

☐ **Option 1: NFPA 1006: Rope Rescue 1 (6 days, Medical Training Requirement submitted) \$1,765.00**

OR

☐ **Option 2: Rope Rescue, ESA Certificate (5 days, no Medical Training) \$1,465.00**

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@ESAcana.com.
Send an email to e-transfers@ESAcana.com with the answer to your security question.

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.*

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