NFPA 1006 Rope Rescue Awareness & Operations
Application Package - Effective January 1, 2026

The NFPA 1006 Rope Rescue Awareness & Operations 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 Awareness & Operations 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.

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

E-mail to applications@ESAcanada.com

or,

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

Acceptance into the NFPA 1006 Rope Rescue Awareness & Operations Course at ESA

You will be advised by email of your acceptance into the NFPA 1006 Rope Rescue Awareness & Operations 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@ESAcanada.com

NFPA 1006 Rope Rescue Awareness & Operations
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.
☐	☐ Proof of Age (minimum 18 years). A driver's license is acceptable.
☐	☐ Statement that you are in good physical condition.
	Minimum Medical Requirement
☐	☐ Current Standard First Aid
☐	☐ Current CPR Level C
	* See Alberta Labour's list of approved first aid training providers for the first aid training in the workplace: http://work.alberta.ca/documents/approved-firstaid-training-courses.pdf

ESA Use Only

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

Date email sent to applicant: _____ Processed by: _____

NFPA 1006 Rope Rescue Awareness & Operations
Application Form - Page One
Confirmation of Physical Fitness

I, _____, understand that the training provided for NFPA 1006 Rope Rescue Awareness & Operations 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**

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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 Awareness & Operations**

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

Course Code: _____ **Start Date:** _____

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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 or call (780) 416-8822.

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. 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.