



## Application Package – Medical First Responder

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

Questions? Call 780-416-8822 or e-mail [applications@ESAcanda.com](mailto:applications@ESAcanda.com)



## **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.

**Required Equipment** - Students are required to have access to a tablet or computer during the program to access ESA program materials, including Google Classroom.

**Questions?** Call 780-416-8822 or email [applications@ESAcanada.com](mailto:applications@ESAcanada.com)

Submit your complete application, including prerequisites and payment to:

**E-mail to** [applications@ESAcanada.com](mailto:applications@ESAcanada.com)

**Fax to** 780-449-4787, or

**Mail, courier or deliver it in person to:**

Emergency Services Academy Ltd.  
2<sup>nd</sup> 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 2025 v4.0



## 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  |
|--|--|
| <b>Option 1: Medical First Responder – Full-time Applicants:</b> |  |
| <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 <b>one year</b> 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**

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Last Name First Name (Legal) Middle Name

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Former Surname Preferred Name Date of Birth (YYYYMMDD)

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Gender ☐ Male ☐ Female Neither, I identify as: \_\_\_\_\_ Pronouns: \_\_\_\_\_

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T-shirt size ☐ XS ☐ Small ☐ Medium ☐ Large ☐ XL ☐ XXL

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Alberta Student Number Social Insurance Number (SIN)

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Phone Number (Home) Phone Number (Cell) Email Address – Mandatory

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Mailing Address (Street/Avenue/Box Number)

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City Province Postal Code

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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.

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**Payment Details:**

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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