

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@ESAcanada.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

Submit your complete application, including prerequisites and payment to:

E-mail to 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:					
L	ast Name	First Name	Middle Name		
Course Code	e:	Start Date:	End Date		
ESA Use	Student Checklist				
Option 1: Medical First Responder – Full-time Applicants:					
	Proof of Age certificate)	– minimum age 16 (include	photocopy of driver's licence or birth		
		st Aid Certificate – dated wi de photocopy)	thin <b>one year</b> as of the first day of the		
Do you require	e Special Academic A	ccommodations? Yes	□ No		
	•	documentation with your a	pplication package. Refer to our website: mmodation		

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# Medical First Responder (MFR) Application Form – Page One

Personal Information		
Last Name	First Name (Legal)	Middle Name
Former Surname	Preferred Name	Date of Birth (YYYYMMDD)
Gender ☐Male ☐ Fer	male Neither, I identify as:	Pronouns:
T-shirt size ☐ XS ☐ Sr	mall 🔲 Medium 🔲 Large 🔲 XL	□ XXL
Alberta Student Number		Social Insurance Number (SIN)
Phone Number (Home)	Phone Number (Cell)	Email Address – Mandatory
Mailing Address (Street/Av	venue/Box Number)	
City	Province	Postal Code
Emergency Contact Perso	n Relationship	Telephone
Please provide details of h	now you learned about ESA. If a refe	erral from a former or current ESA
student, please provide the	eir full name so we can follow up wi	ith a thank you and referral fee.
Payment Details:		
Are you being sponsored f	or this course by a business or orga	anization?
	•	
Yes No If Yes	s, please provide details, including a	a contact name and email address:



## Medical First Responder (MFR) Application Form – Page Two

Payment Details:
Application and tuition fees are payable to Emergency Services Academy Ltd, and are subject to change. To confirm current fees, please check our website <a href="https://www.ESAcanada.com">www.ESAcanada.com</a> or call (780) 416-8822.
Payment Amount:
Include Payment for total course fees for the applicable MFR Course. Payment amount: \$1,825.00.
Method of Payment:
☐ Cash ☐ Cheque ☐ Debit ☐ E-Transfer ☐ Visa ☐ MasterCard ☐ American Express
For Credit Card Use:  _ _ _ _ _ _ _ _ _ _ _
Name of Cardholder: Cardholder's Signature:
For Interac e-Transfers use the ESA email address: <u>e-transfers@ESAcanada.com</u> .
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 <b>Emergency Services Academy Ltd.</b>
Applicant's Signature  Date  The collection of this personal information is personal for operating and administering the services of the ESA Periotry.
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.

EMERGENCY SERVICES ACADEMY LTD.