



EASTERN ONTARIO FIRE ACADEMY

P.O. Box 460, Norwood Ontario K0L 2V0

Phone (705) 639-2121 Fax (905) 426-3032

Email: eofa@oafc.on.ca Website: www.eofa.ca

FAX or EMAIL completed forms to: 905-426-3032 or eofa@oafc.on.ca

Instructions for Use:

Application forms are required for each individual applicant. Please print clearly.
Each course must be signed by the Fire Chief/Manager or Training Officer.

Course Information

Course Name RECRUIT COURSE 2012	Course Number RC 12-01 / RC 12-02
Course Date(s) See Recruit Course Schedule 2012 - Start Date Feb 4, 2012	Course Fee \$1,300.00

Applicant Information

First Name	Last Name	Rank or Position
Department or Organization Name		Please check which applies to you: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Department/Organization Street Address		City/Town Postal Code
Dept./Org. Phone ()	Dept./Org. Fax ()	Home or Cellular Number ()
Applicant Full Home Address		Applicant Email Address

Payment Details

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Cheque - Payable to Eastern Ontario Fire Academy	<input type="checkbox"/> Invoice
Credit Card Number			
Expiry Date		Print Name	Signature
M	M	Y	Y

Applicant Agreement

By signing below, you agree to the following:

- The student-learner registering for training is capable of performing all the physical and mental duties expected of a firefighter in this department.
- For student-learners attending training courses that require breathing apparatus the Fire Chief or designate attests that the applicant has been fit tested within the last year as per the CSA Standard Z94.

(PRINT) Name of Fire Chief or Designate

Signature of Fire Chief/Designate

NOTE: ANY ALTERATIONS TO THE TEXT OF THIS SECTION WILL RENDER THE APPLICATION INVALID



OFFICE OF THE FIRE MARSHAL ONTARIO FIRE COLLEGE APPLICATION FORM

FAX APPLICATION TO REGISTRAR'S OFFICE (905) 426-3032

PART 1 - APPLICANT / COURSE INFORMATION				
Surname _____ First Name _____ Middle Name _____			Rank or Position	Please Circle: Male OR Female
Course Name Flashover		Course Number		Full Time OR Volunteer
Course Date		Course Date		
PART 2 - FIRE CHIEF OR DESIGNATE INFORMATION				
Fire Department or Organization				
Fire Department /Organization Delivery Address		City/Town	Province	Postal Code
Fire Department/Organization Telephone			Fire Department/Organization Fax	
By signing below, you agree to the following:				
<ol style="list-style-type: none">All documentation related to prerequisites for this course resides at the department and will be provided to the OFC if requested for audit purposes.The student-learner registering for training is capable of performing all the physical and mental duties expected of a firefighter in this department.The student-learner will abide by Ontario Fire College policies, such as the Workplace Harassment and Discrimination Policy, and other legal requirements such as the Ontario Liquor Licensing Act.For student-learners attending training courses that require breathing apparatus the Fire Chief or designate attests that the applicant has been fit tested within the last year as per the CSA Standard Z94. All student-learners attending OFC courses requiring SCBA are required to bring their own SCBA and 2 cylinders (60 min. cylinders for HazMat courses). The OFC will still maintain SCBA for student-learner use, in order to address the exceptional needs of students, especially those from very small departments that have no back up capacity. Also, SCBA will be made available to any student-learners traveling by air to a course. Please indicate SCBA status below:				
<input type="checkbox"/> Student-learner bringing his/her own SCBA Make of SCBA _____				
<input type="checkbox"/> Student-learner unable to bring SCBA and requests Ontario Fire College to provide SCBA and fit testing.				
SIGNATURE OF FIRE CHIEF/MANAGER OR DESIGNATE			NAME OF FIRE CHIEF/MANAGER OR DESIGNATE	
_____			_____	
(PLEASE PRINT)				
NOTE: ANY ALTERATIONS TO THE TEXT OF THIS SECTION WILL RENDER THE APPLICATION INVALID				
PART 3 – APPLICATION STATUS (For Registrar's use only)				
<input type="checkbox"/> Accepted <input type="checkbox"/> Wait Listed <input type="checkbox"/> Rejected _____				
Revised: September 2008				