



EMERGENCY SERVICES ACADEMY LTD.

2nd Floor 161 Broadway Boulevard Sherwood Park AB T8H 2A8

Application for Admission

Personal Information			
Surname	Legal First Name	Middle Name	
Birth Date (mm/dd/yyyy)	Social Insurance Number	Gender	How did you learn about ESA?
Permanent Address (Street/Avenue/Box Number)			
City	Province	Postal Code	
Home Telephone	Alternate Telephone	E-mail Address - Mandatory	
Emergency Contact Person	Relationship	Telephone	

Registration Information	
Program: _____	Start Date: _____

Payment	
Application and tuition fees are payable to Emergency Services Academy Ltd., and are subject to change. To confirm current fees, please check our website www.esacanada.com or call (780) 416-8822.	
Include Application Fee (non-refundable \$100.00) for the EMT and Professional Fire Fighter Programs.	
Include payment for total course fees for the EMR Program and any Accessory Courses (e.g. Ice Rescue, EMR Refresher).	
Payment Amount \$ _____	
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque/Money Order <input type="checkbox"/> Debit <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Credit Card Use: _____	_____
Card Number (will not be kept on file by ESA)	Expiry Date
Name of Cardholder: _____	Cardholder's Signature: _____

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 Emergency Services Academy Ltd.	
_____ Applicant's Signature	_____ Date
<i>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.</i>	