

In accordance with the Regional Colleges Act ("the act") and the Local Authority Freedom of Information and Protection of Privacy Act ("LAFOIP"), Suncrest College collects, uses and discloses Personal Information to perform its duties under the Act; as permitted by LAFOIP; for administrative, marketing, financial and statistical purposes; funding and sponsorship purposes; academic programming; academic or other student counselling; taxation; determination of eligibility for benefits; development and alumni operations; providing access to services offered by Suncrest College; external placement that occurs as part of your program; and email communications relating to marketing or promotion, market research, or user surveys about programs, services and products offered by Suncrest College.

For further reference, see our Privacy Statement online ([suncrestcollege.ca](http://suncrestcollege.ca)) or contact Suncrest College Privacy Officer by Mail: 273 Dracup Ave. N., Yorkton, SK S3N 4H8.

**Acknowledgement:** In signing this form, I acknowledge my consent to Suncrest College's collection, use and disclosure of my personal information, as outlined above.

**I hereby certify** that all the information provided to the College is true and complete. I understand that false information may result in the cancellation of my admission as a registered student. I agree that any misrepresentation by me may be shared with other post-secondary institutions. I agree to abide by Suncrest College rules and regulations, including payment of fees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Program Name:** \_\_\_\_\_ **Program Session ID#:** \_\_\_\_\_

**Program Dates:** \_\_\_\_\_ **Student PSE#:** \_\_\_\_\_

## STUDENT INFORMATION (please PRINT)

Last Name		Birthdate (Mandatory)	
		Day	Mon Year
First Name		Middle Name	
S.I.N. (Required for issue of T2202 tax form) <input type="checkbox"/> Refused to provide S.I.N.		Gender	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address			
Town/City	Province	Postal Code	
	Saskatchewan		
Home Phone	Cell Phone	Work Phone	
Email Address ((Required for access to student portal for T2202 tax form))			

**I hereby consent to receive program related information by email** ☐ Yes ☐ No

How did you find out about the program: ☐ College Staff ☐ Info Sheet ☐ Social Media ☐ Newspaper ☐ Radio ☐ Website  
☐ Tradeshow ☐ Other: \_\_\_\_\_

## Equity Questionnaire

Completion of this section is Voluntary and Confidential – check all that apply:

- ☐ I am a person with a disability  
☐ I am a member of a visible minority (Persons not Aboriginal or Caucasian)  
☐ I am of Aboriginal ancestry. (If Yes, check one of the following)  
☐ Metis ☐ Non-Status Indian ☐ Status/Treaty Indian ☐ Inuit ☐ NONE of this section applies

## OFFICE USE ONLY

<input type="checkbox"/> Verbal Consent (Telephone Contact)	
Sponsor Name: _____	ORG ID#: _____
Sponsor Address: _____	
Payment Information: _____	
_____	
Staff initials: _____	

# Certification Application Form:

## NFPA 1001 (2019) – Fire Fighter Professional Qualifications

Refer to Appendix C of the Certification, Endorsement, and Evaluation Guide before completing this form. The Certification, Endorsement, and Evaluation Guide is available on our website. Application must be submitted a minimum of 30 days prior to exam/evaluation date.

### Contact Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Business #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Employment/Membership

\_\_\_\_\_  
Emergency Services Organization

\_\_\_\_\_  
Name of Fire Chief/Supervisor

### Certification Prerequisites

Select one level only - prerequisites must be completed before making application.

**Fire Fighter Level I** - The following prerequisites must be completed to be eligible for certification:

- ☐ Member of good standing of a Saskatchewan Fire Department or other eligible emergency service or a participant in a post-secondary institute affiliated with SPSA.
- ☐ Completed a comprehensive training program that covers all requisite knowledge and skills.
- ☐ Certified at the Operations Level in *NFPA 1072 (2017) - Standard for Hazardous Materials/Weapons of Mass Destruction Emergency Response Personnel Professional Qualifications* - IFSAC Certificate Number \_\_\_\_\_. Include a photo of your certificate with this application so the certified level and IFSAC serial number are clearly legible.
- ☐ Certification pursuant to *Incident Command System (ICS) Level 100*. Include a photocopy of your certificate with this application.

- ☐ Possess a valid First Aid Certificate, including CPR-C qualification. Include a photocopy of your certificate(s) with this application.

**Fire Fighter Level II** - The following prerequisites must be completed to be eligible for certification:

- ☐ Member of good standing of a Fire Department or other eligible emergency service or a participant in a post-secondary institute affiliated with SPSA.
- ☐ Completed a comprehensive training program that covers all requisite knowledge and skills.
- ☐ Possess a valid First Aid Certificate, including CPR-C qualification. Include a photocopy of your certificate(s) with this application.
- ☐ Certified NFPA 1001 Level I – Fire Fighter Professional Qualifications IFSAC Certificate Number \_\_\_\_\_. Include a photo of your certificate with this application so the certified level and IFSAC serial number are clearly legible.

## Declaration

Practical evaluations for certification may be physically strenuous and potentially hazardous. Your signature below indicates that you understand the demands that will be placed on you during testing and that you are physically capable of taking part in all practical evaluation sessions required for the level you have selected above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete and return this form to:**

Email: [seri@suncrestcollege.ca](mailto:seri@suncrestcollege.ca)