

COMPANY	DOCUMENT NUMBER	DOCUMENT TITLE
EMCARE	MIS 00013 – V18	Fire Fighter Course Application
DATE ISSUED	REVIEW DATE	PAGES
16/02/2017	02/01/2022 (JD)	Page 1 of 5
RESPONSIBLE PERSONS		
<b>IN_22.2</b>  CAPTURER AND REP SIGNATURES HERE		A. Grobler   J. Delport
		GOVERNING BODY
		<b>LGSETA / QCTO</b>

Complete this application form using black ink only. Print neatly and legibly. Failure to complete this application form in full will result in immediate non-approval of the candidate's application.

**Please initial all pages of this application.**

Please ensure the following documents are attached:

- ✓ 4 copies of certified Identity documents
- ✓ Highest educational qualification
- ✓ Proof of payment for the registration deposit slip
- ✓ Medical certificate
- ✓ \*Student must have no claustrophobia
- ✓ Any other supporting documentation (example – professional registrations).

<b>Course Booking Options</b>  [Calculate Options to get Total Price]	<b>FF1</b> Fire Fighter 1 + Hazmat Awareness	R 13 000.00 (9 weeks)	
	<b>FF2</b> Fire Fighter 2 + Hazmat Operations	R 9 500.00 (7 weeks)	
	<b>FF12</b> Fire Fighter 1 + 2 + Hazmat Awareness + Operations COMBO ( <i>includes free uniform + tablet</i> ) <i>* Recommended</i>	R 22 500.00 (16 weeks)	
	<b>Uniform</b> (safety boots, trousers, belt, button shirt, t-shirt)	R1000/set <i>(free with FF12 Combo course)</i>	
	<b>Computer Tablet</b> (Mecer 10" WiFi + 4G)	R2000/each <i>(free with FF12 Combo course)</i>	
	<b>TOTAL PRICE</b>		
<b>Course Start Date</b>			
<b>Booking Deposit:</b>	R 5 500-00 <i>*Balance payable over duration of course (must be paid up before final practical examinations)</i>		
<b>REQUIREMENTS</b>			
<b>Qualifications:</b>	1. Uniform. 2. Computer tablet. 3. First Aid Level 3 Certificate (due before final exams, first aid classes can be done at our academy during the course). 4. No claustrophobia. 5. Medical certificate of fitness.		
<b>Language:</b>	English (read, write and speak) at Grade 11 level		
<b>Age:</b>	18 Years and older		

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<b>BANKING DETAILS</b>	
<b>Account Name:</b>	EMCARE
<b>Bank:</b>	NEDBANK
<b>Account Number:</b>	120 322 2777
<b>Branch Code:</b>	198 765
<b>Branch:</b>	Mall of the North
<b>Account Type:</b>	Business PAYU (Current Account)
<b>Reference to use:</b>	“STUDENT SURNAME AND INITIALS” – “COURSE CODE” <i>example: “Moloko JN - FF12”</i>

**PLEASE COMPLETE ALL INFORMATION REQUESTED**

<b>PERSONAL DETAILS</b>		
	<b>VERIFICATION</b>	
Full Names and Surname:		
Identity Number:	Y	N
Date of Birth:	Y	N
Nationality:	Y	N
Email Address:	Y	N
Cell phone number:	Y	N
Alternative phone number:	Y	N
Physical Address:	Y	N



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Postal Address:		Y	N
Postal Code:		Y	N
Next of Kin Name:		Y	N
Next of Kin Telephone number:		Y	N
*Medical Aid name and membership number (if any):			
Any known medical condition and allergies:		Y	N
Any known medical condition:		Y	N
School attended:		Y	N
Highest Grade Passed:		Y	N
Highest Qualification:		Y	N



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**PLEASE NOTE:**

- School fees need to be **paid in full 1 month before your course end date**. If your fees are not paid in full you will not be allowed to do complete final exams and certification.
- If you wish to re-schedule your booking dates, registration application is only valid for a year from your registered date. If you do not complete your course within this 1 year period you will forfeit your booking and all monies paid. Student replacements will be accepted only in circumstances where you bring your replacement to our office to hand over the registration. We do not provide assistance in finding student replacements.

**NO REFUNDS POLICY**

**The booking deposit, college services fee and student activity fees paid is non-refundable.**

In such cases as cancelations are required, or the course is no longer provided at the academy, we will issue you with credit for the same amount paid, which can be used for any other courses or services that EMCARE provides.

For this reason, we strongly recommend that before payment:

- Read all information about this program.
- Read all information about available date, times and type of training offered.
- Evaluate the quality of our program.
- Carefully select a time and date that will suite you.
- Do not allow children or other unauthorised family members or friends to interrupt your training schedule.

Should you be not able to attend the training program the following rules will apply;

- Notify the college at least 30 days in advance to arrange alternative dates that will suite you.
- Should you wish not to attend the program you may bring another individual that will replace your booking, subject to approval by the Training Manager and/or Principal. This replacement individual may refund you directly as the college does not do direct refunds.
- Credit can be issued, which can be used for any other courses or services that EMCARE provides. This credit is not exchangeable for cash.

By making a payment you acknowledge that you have read and agree to the above no refund policy.

This programme is a full time course. No interruptions of any kind can and will be accepted. Ensure your availability at all times.

**Declaration**

I \_\_\_\_\_ hereby declare that the above information is true and correct and that the information is that of my own. I understand that should I present any incorrect information that at any time my course application will be withdrawn.

I understand that payment of the course does not automatically guarantee a course certificate at the end of the course.

**Indemnity**

I hereby indemnify EMCARE and their employees, representatives, instructors or agents against any claim or claims for compensation of damage, loss or injury, fatal or otherwise however arising, including but not limited to any acts, omissions or default, whether sustained at EMCARE or in the course of any of the operational or practical aspects of the training exercises caused directly or indirectly to my belongings or me / properties, which indemnity shall extend to my dependence, estate or any person who so ever.

I hereby unconditionally waive any right that I may have against EMCARE its principal, instructors, servants, representatives or agents to claim damages of whatsoever nature however caused.

**Negligence**

I accept that I will be undertaking an instruction, tasks or exercises at my own sole risk and peril. EMCARE and their employees, representatives, instructors or agents may claim for compensation of damage, loss or injury, fatal or otherwise however arising due to any of my acts, omissions or default sustained at EMCARE or in the course of any of the operational or practical aspects of the training exercise

Acknowledge above terms - please sign

\_\_\_\_\_



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Applicant Signature:	Date:

Wittiness Signature:	Date:

**FOR OFFICE USE**

Documents attached and verified:

4x Certified ID Copies		Highest Educational Qualification		Other Documents		Medical Cert.	
NAME	SIGN	NAME	SIGN	NAME	SIGN	NAME	SIGN

I \_\_\_\_\_, representative of EMCARE have approved the Applicant for the following learning program;

Fire Fighter 1 SP + Hazmat Awareness SP: _____ (tick appropriate) Fire Fighter 2 SP + Hazmat Operations SP: _____ (tick appropriate) Fire Combo (Fire 1 SP + Hazmat 1 SP + Fire 2 SP+ Hazmat 2 SP): _____ (tick)
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Principal/Training Manager Signature:	Date Approved:





## Health & Fitness Liability Waiver / Informed Consent Form

### Assumption of Risk and Release of Liability

I, the participant specified below, have enrolled in the personalised health and fitness program offered by EMCARE. I recognise that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program.

I, the participant specified below, acknowledge that my enrolment and subsequent participation is purely voluntary and in no way mandated by EMCARE. I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training session. I understand that should I feel light-headed, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity.

I, the participant specified below, am aware that there are significant risks involved in all aspects of athletic activities and physical training. These risks include, but are not limited to: falls which can result in serious injury or death; injury or death due to negligence on the part of myself, my training partner, or other people around me; injury or death due to improper use or failure of equipment; strains and sprains. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s).

In consideration of my participation in this program, I hereby release EMCARE and its principals, agents, employees, trainers, and volunteers from any claims, demands, and causes of action as a result of my voluntary participation and enrolment.

I, the participant specified below, fully understand that I may injure myself as a result of my enrolment and subsequent participation in this program and I hereby release EMCARE and its agents from any liability now or in the future for conditions or injuries that I may obtain. These conditions and injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, trauma, anxiety, fears, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death.

### Emergency Medical Services

I, the participant specified below, give permission for EMCARE staff and trainers to seek emergency medical services for me should I become injured or ill, with the understanding that I am responsible for any expense incurred.

If I am signing on behalf of a minor child, I also give full permission for any person connected with EMCARE to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

### Indemnity

I, the participant specified below, accept financial responsibility for any injury that I may cause either to myself or to any other participant due to my negligence.

I further agree to indemnify and hold harmless EMCARE, their principals, agents, employees, trainers, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by EMCARE. This includes but is not limited to parks, recreational areas, playgrounds, areas adjacent and/or any area selected for training by EMCARE.

### Photographed or video

I, the participant specified below, acknowledge that I may be photographed or videotaped during training. I hereby consent to the use of these photographs and/or videos without compensation, on the EMCARE website or in any editorial, promotional or advertising material produced and/or published by EMCARE.

### Nutritional advise / wellness programmes

We are not licensed to provide nutritional planning, or to diagnose a medical condition or illness. We do acknowledge instances where participants may request guidance by discussing how to improve their well being through healthy eating and wellness programmes. Discussions should not to be interpreted as recommendations by EMCARE, we will not be held liable for changes the participant may make to their nutrition planning. We recommend the participant to consult with a physician for any medical advice, and a registered dietician for nutrition advise.

In consideration of this, I do here and forever release and discharge and hereby hold harmless EMCARE and his/her respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in any nutrition program including any injuries resulting there from. I also recognise that specific foods may create allergic and possible fatal reactions, most specifically, products containing nuts. I am aware that specific foods may interact with certain medications. I also understand that general discussions on wellness information do not take personal medications into consideration. If I am pregnant or lactating, have high cholesterol, high blood pressure, high blood sugar, diabetes, renal disease, gastric by-pass surgery or any other medical condition that requires special dietary restrictions, I must receive permission from my physician before participating in a nutrition or wellness program, or may be advised to seek help from another health professional.

### Important Note:

I am aware that this agreement is ongoing and will apply to all future occasions I participate in athletic activities and training with or at the direction of EMCARE. This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

I have read and understand the above statements. I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission.

### Participant Details and Execution

<b>Participant's Full Name:</b>		<b>ID Number:</b>	
<b>Address:</b>			
<b>Signature of participant (If over age 18):</b>		<b>Signature of Parent/Guardian (If under age 18):</b>	
<b>Date:</b>		<b>Date:</b>	