Grimsby Regional Training Centre Application Form

160 Livingston Avenue Grimsby, ON L3M 0J5 Tel : 905-945-2113 Fax: 905-945-3845 gfd@grimsby.ca www.grimsby.ca/Fire-Services



PART 1 – APPLICANT / COURSE INFORMATION					
					Career
Surname		First Name	Applicant Ema	il	Volunteer
Enter course name, course date(s) and course number in the boxes below:					
Course Name			Course Date	Course Number	
PART 2 – FIRE CHIEF OR DESIGNATE INFORMATION					
Fire Department or Organization			Fax #:		
Contact Telephone #:		Ext.	Email:		
By signing below, you agree to the following:					
1.	All documentation related to prerequisites for this course resides at the department and will be provided to the OFC if requested for audit purposes.				
2.	The student-learner registering for training is capable of performing all the physical and mental duties expected of a firefighter in this department.				
3.	The student-learner will abide by Grimsby Fire Department/Town of Grimsby policies, such as the Workplace Harassment and Discrimination Policy, and other applicable legislation in Ontario.				
4.	Fire departments will be charged a registration fee as identified on the web site for each student-learner accepted into this course. The registration fee is not charged for cancellations received a minimum of eight weeks prior to the course start date. Fire departments will be sent an invoice from the Town of Grimsby.				
5.	Fire departments will be charged a non-refundable registration fee for each student-learner attending this course by the Ontario Fire College. The registration fee is not charged for cancellations received a minimum eight weeks prior to the course start date. Fire departments will be sent an invoice on a quarterly basis.				
	Signature of Fire Chief	/ Manager or Designate	1	Name of Fire Chief / Manager or Desig	nate

Please return this application by email to: gfd@grimsby.ca or by Fax to: (905-945-3845)