1525-405 Broadway Winnipeg, MB R3C 3L6 1(204)945-4772 Toll free: 1-888-267-8298

Course Application



PLEASE PRINT CLEARLY.

EMO Office	Use Only								
Date Received:			Course Number:						
Course App	lication Informatio	n							
Course Name:							Location:		
Personal Inf	ormation								
Name	First:			Initial:		Last:			Rank:
The above name information will appear on course certificate.									
Mailing	Street:								
Address	City/Town:			Province:			Postal Code:		
Phone	Home:			Work:			Fax:		
Email									
Previous Courses Completed									
☐ Manitoba Emergency Management				CEPC - Of	Ottawa				
Sponsorship Information									
Agency Represented (Provincial, Federa			al, Municiapal, NGO, Other) RM of. Department, Organization)						
(City of, Town of, RM of, Department, Organization)									
Emergency Position/Function: (eg: Emergency Coordinator, CAO, councillor, fire chief, paramedic)									
Applicant's Signature:									
Regional EMO Emergency Officer Signature:									

Note:

- EMO reserves the right to cancel a course or change dates due to an unforeseen circumstance.
- Applications and changes will be accepted up to ten days prior to course.
- Incomplete applications will be returned.

* FAX completed application to your EMO Regional Officer.

EMO Regional Emergency Officer:

Fax Number:

Deadline: