



CENTRAL OKANAGAN PUBLIC SCHOOLS

# DUAL CREDIT APPLICATION EMERGENCY MEDICAL RESPONDER (EMR)



Dual Credit SD23



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www.dualcredit23.com

# CENTRAL OKANAGAN PUBLIC SCHOOLS APPLICATION FORM

Please print

**Name\*** \_\_\_\_\_  
Last Name First Name Middle Name

**Address\*** \_\_\_\_\_ **City\*** \_\_\_\_\_

**Home Phone\*** \_\_\_\_\_ **Student Cell** \_\_\_\_\_ **Postal Code\*** \_\_\_\_\_

**Date of Birth (dd/mm/yyyy)\*** \_\_\_\_\_ **SIN\*** \_\_\_\_\_

**Are you of First Nations Heritage?**  Yes  No **Canadian Citizen**  Yes  No

**Student email address:** (most used)\* \_\_\_\_\_

**Parent email address:\*** \_\_\_\_\_

**Parent / Guardian Contact\*** \_\_\_\_\_

**Home Phone \*** \_\_\_\_\_ **Work/Cell\*** \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work/Cell** \_\_\_\_\_

**\*Are you currently on an IEP or Learning Plan?**  No  Yes If yes, please specify which one:  
 IEP  Learning Plan  Behaviour Support Plan

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If you have access to an employer in your **area of study**, please list the following:

**Name of Employer/Contact**

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**Company**

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**Phone #** \_\_\_\_\_

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I/We certify the information given in this application is true and complete to the best of my knowledge and understand that, if selected for a Dual Credit Program, falsified statements may be reason for removal. I authorize investigation of all statements contained herein and the references listed in this application. I allow the Dual Credit Programs Department to communicate to all Post-Secondary Institutions for educational purposes relating to my selected field of study. I allow the Dual Credit Programs Department to use any work or school related picture of myself for the purpose of promotion and communication of the program.

**Student Signature\*** \_\_\_\_\_

**Date\*** \_\_\_\_\_

**Parent/Guardian Signature\*** \_\_\_\_\_

**Date\*** \_\_\_\_\_

**All signatures** must be in place before application is accepted.

## STUDENT PARAGRAPH

Please complete a well written paragraph explaining why you want to be in the firefighting program.

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**HEALTH DECLARATION**

The EMR program is at times both mentally and physically demanding. You will frequently be kneeling for long periods of time and lifting patients or heavy objects. You may also be exposed to simulated and real life emergency situations. With this in mind, please honestly complete the form below:

Do you have any mental health issues that may affect your success in this course?

Yes  No If yes, please elaborate: \_\_\_\_\_

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Do you have any physical disabilities or medical conditions that may affect your success in this course?

Yes  No If yes, please elaborate: \_\_\_\_\_

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# TEACHER STATEMENT OF RECOMMENDATION

Thank you for completing the *Teacher Statement of Recommendation* regarding the student named below. The information on this reference will be used to determine candidates for the Central Okanagan Public Schools Dual Credit Programs. A quality response to the general comments section is also important.

**Student Name:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Teacher Phone #:** \_\_\_\_\_

	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
1. Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____				
2. Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____				
3. Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____				
4. Mechanical Ability in Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____				
5. Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____				
6. Interpersonal Skills/Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____				
7. General Comments:	_____				

**Teacher Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_