## **Community Fire Registration Form** School of Community Government (S of CG)

## INSTRUCTIONS

Territories Municipal and Community Affairs

- Ensure all personal information is correct.
  Confirm program schedules and delivery locations with S
- Applicants are responsible for contacting their sponsoring

Darha Phillpot Senior Researcher - Public Safety Senior Researcher – Public Salety School of Community Government, Municipal and Community Affairs Suite #600, 5201 – 50<sup>th</sup> Avenue, X1A 3S9 Fax (867) 873-0584 Phone: (867) 920-6105



Personal Information  Name:			Male o Female
Mailing Address:	Mailing Communi	y:	Postal Code:
Residing Community	Phone: (Home):		Phone: (Work)
Fax No.: En	nail:		Occupation:
Employment Information			
Employer:	Super	risor's Name:	
Position:	Address		Community
Postal Code	Phone	E	Email:
STATUS: o Dene(First Nation) o M	Métis o Inuit o Non-Al	ooriginal	
Please indicate if your intentions are to	complete the full program or si	nply this course or a few	other courses.
o Full program	o Some courses	o This course only	
Community Fire Training Courses/W	orkshops		
		o NFPA 1021 – Fire Officer Professional Qualifications FOTP Module	
o Community Firefighter – Offensive (I,	II,III)	o Wildland Fire Fighting	
o Community Fire Protection Orientation FFTS-S Module	on – Council & SAO	o NFPA 1001 Fire Fighte	er Professional Qualifications
o Other (please specify)			
Data and Occurred Landing			
Date and Course Location:			
FOR SPECIFIC PROGRAM INFORMA	TION CONTACT: PHONE	: 1-877-531-9194 (to	oll free)
Headquarters Darha Phillpot darha_phillpot@gov.nt.ca Telephone: (867) 920-6105, Fax: (867) 873-0584	Beaufort/Delta Region Claude Gervais, claude_gervais@ gov.nt.ca Telephone: (867) 777-7297, Fax: (867	Sahtu Region David Wilcox david_wilcox@ go 777-7532 Telephone: (867)	v.nt.ca 587-7115, Fax: (867) 587-2044
Deh Cho Region Tyrone Larkin tyrone_larkin@ gov.nt.ca Telephone: (867) 695-7219, Fax: (867)695-2029	North Slave Region Steve Moss stephen_moss@ gov.nt.ca Telephone: (867) 392-6805, Fax: (867	South Slave Regi Bill Reimer william_reimer@ g 392-6312 Telephone: (867)	
SIGNATURE: I certify that the informat and policies of the School of Communi may be distributed to my sponsor/emp	ty Government including those		
Signature of Applicant:		Date:	
Signature of Employer:		Date:	·
Organization of Employer:			
		<del></del>	
[ (Initial) I hereby give my	permission to utilize my photo	n future promotional adv	ertisements and publications.