



Registration & Consent Form

Course Name: _____

Course Date(s): _____

Course #: _____

Personal Information: (Please print legibly)

First Name: _____

Middle Name: _____

Last Name: _____

Email: _____

Home Address: _____

(Street)

(City)

(Province and Postal Code)

Phone #: _____

Date of Birth: _____

Consent to Release Information to Pro Board

I hereby consent to allowing Vancouver Island Emergency Response Academy to release the following information to National Board on Fire Service Professional Qualifications – Pro Board for the purpose of being registered with the Pro Board Certification Registry:

Last 4 digits only of your Social Insurance Number: _____
(Last 4 digits only)

x _____
Signature:

Date:

Consent to Release Information to Employer

I hereby consent to allowing Vancouver Island Emergency Response Academy to release to my employer my test results, Statement or Certificate of Course Completion and verification of attendance in connection with this course. I understand that my consent is required prior to release of the specified information.

Employer's Name: _____

Employer Contact: _____

Employer's Address: _____

(Street)

(City)

(Province and Postal Code)

x _____
Signature:

Date:

This form must be filled out for each course an individual takes to ensure all contact information and authorizations are current and up-to-date.