

Fire Department Authorized Contact:

*Contact Name:

SCHOOL OF PUBLIC SAFETY

FIRE & SAFETY DIVISION

Date:_

Vocational (FFTC) FireFighter Operations Practical Skills Evaluation Registration Form

*Fire Department:	*Position:			
*Email:	*Telephone:			
Certified Evaluator Information	n:			
*Organization:				
*Street Address:				
*City:	*Province:			
*Postal Code:	*Telephone:			
*Email:				
valuator Name/details:				
Name	DOB	Email	Evaluating Skills	
(Example: John Smith)	(1980-12-30)	(eg. jsmith@jibc.c	(eg. Ladders)	
Note: An Evaluator cannot be the	same person that	has been identified as the Tra	aining Officer/Assistant.	
Practical: Date of Evaluation	n:			
Reminder: Evaluations must		within 10 business days	from the evaluate date.	
Salaaniha Eraharta da barah	-			
Select the Evaluation to be tak Exterior Operations	i	ou Onovotiono	Full Services Operations	
Exterior Operations	iliteri	or Operations	•	
kills Evaluation 1 - Module 1 & 2	Skills Evaluation 1 - Module 1		Skills Evaluation 1 - Module 1	
kills Evaluation 2 - Module 3 & 4	Skills Evaluation 2 - Module 3		Skills Evaluation 2 - Module	
kills Evaluation 3 - Module 5 & 6	Skills Evaluation Final - Module 1,2,3		Skills Evaluation - Final	
kills Evaluation - Final				

Student Enrolment Information:

All students listed below must be from the same Fire Department and will be scheduled for each of the selected exam(s). Students will be notified via email therefore a current email address must be provided for each student. The Evaluator / Proctor will also be notified via email. Failure to complete all the information below could result in an exam being processed on time.

*Legal Last, First Name	*Email Address	*Date of Birth mm/dd/yyyy	JI Student number (if applicable)

To submit your exam registration form, click the "Submit by Email" button below, or save the form to your desktop and email to <u>vocationalfftc@jibc.ca</u>.