

**Vocational (FFTC) FireFighter Operations
Practical Skills Evaluation Registration Form**

Fire Department Authorized Contact:

Date: _____

*Contact Name:	
*Fire Department:	*Position:
*Email:	*Telephone:

Certified Evaluator Information:

*Organization:	
*Street Address:	
*City:	*Province:
*Postal Code:	*Telephone:
*Email:	

Evaluator Name/details:

Name (Example: John Smith)	DOB (1980-12-30)	Email (eg. jsmith@jibc.ca)	Evaluating Skills (eg. Ladders)

Note: An Evaluator cannot be the same person that has been identified as the Training Officer/Assistant.

Practical: Date of Evaluation: _____

Reminder: Evaluations must be completed within 10 business days from the evaluate date.

Select the Evaluation to be taken.

Exterior Operations	Interior Operations	Full Services Operations
Skills Evaluation 1 - Module 1 & 2	Skills Evaluation 1 - Module 1	Skills Evaluation 1 - Module 1
Skills Evaluation 2 - Module 3 & 4	Skills Evaluation 2 - Module 3	Skills Evaluation 2 - Module 2
Skills Evaluation 3 - Module 5 & 6	Skills Evaluation Final - Module 1,2,3	
Skills Evaluation - Final		

Total number of students to be registered _____.

Please turn the page to complete the student details, all the fields with * are mandatory.

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 vocationalfftc@jibc.ca.