



### Section A: Course Information

Course Name:

Course Location:

Course Date:

### Section B: Registrant Information

Last Name:

First Name:

Middle Initial:

Address (mailing): Home ☐ Work ☐

City/Town:

Postal Code:

Telephone: Work: ( )

Home: ( )

Cell/Pgr: ( )

Fax: ( )

Email:

Emergency Position:

Organization/Agency:

Are you currently registered in the Emergency Management Certificate Program at the Justice Institute of BC (JIBC)?

Yes ☐ No ☐

### Section C: Previous Emergency Training:

Introduction to Emergency Management

Yes ☐ No ☐

☐ Location: \_\_\_\_\_

Completion Date: \_\_\_\_\_

or ☐ Self Study

(Note: This course is a prerequisite to all other Emergency Management courses)

Emergency Operations Centre Level 1

Yes ☐ No ☐

☐ Location: \_\_\_\_\_

Completion Date: \_\_\_\_\_

or ☐ Self Study

(Note: This course is a prerequisite to EOC Level 2 and 3, Emergency Evacuations and Exercise Design)

Emergency Operations Centre Level 2

Yes ☐ No ☐

Completion Date: \_\_\_\_\_

Location: \_\_\_\_\_

(Note: This course is a prerequisite to EOC Level 3)

Other Emergency Training completed:

(Course Name, Location, Completion Date)

### Section D: Signatures

Applicant:

Print

Signature

Local Authority

Emergency Program Coordinator

Print

Signature

PEP Regional Manager

Print

Signature

Please fax or mail the completed registration form to [stone@rdek.bc.ca](mailto:stone@rdek.bc.ca)

The PEP Regional Manager has final approval of all participants. This course will be cancelled three weeks prior to course date if minimum numbers are not met.

Note: Participants' names will be shared with JIBC to ensure prerequisites have been completed.

#### For PEP Regional Office Use Only

Pre-requisite(s) satisfied (JI to check): Yes ☐ No ☐ Date: \_\_\_\_\_ Checked by: \_\_\_\_\_

If no, applicant notified by Regional Manager Via: Phone ☐ Fax ☐ Email ☐ Other \_\_\_\_\_

Comments: \_\_\_\_\_