



First Responder Registration & Consent Form

Course Name: _____

Course Date(s): _____

Personal Information: (Please print legibly)

First Name: _____

Middle Name: _____

Last Name: _____

Email: _____

Home Address: _____

(Street)

(City)

(Province and Postal Code)

Phone #: _____

Date of Birth: _____

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**Consent to Release Information to EMALB**

I hereby consent to allowing Vancouver Island Emergency Response Academy (VIERA) to release the following information to BC Emergency Medical Assistant Licensing Board – for the purpose of being registered as a qualified VIERA First Responder:

First Responder License Number: \_\_\_\_\_

× \_\_\_\_\_

Signature:

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

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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)

× _____

Signature:

_____ Date:

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**Emergency Contact Information**

Name: \_\_\_\_\_ Number: \_\_\_\_\_

***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.***

*“Freedom of Information and Protection of Privacy Act (FOIPPA) Information collected on this form is done so under the general authority of the Community Charter and FOIPPA, and is protected in accordance with FOIPPA. Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected, or for a use consistent with that purpose. Questions about the collection of your personal information may be referred to the City of Nanaimo Legislative Services Department at (250) 755-4405, or via email at [foi@nanaimo.ca](mailto:foi@nanaimo.ca).”*