



Contact Information

First Name:	Last Name:
Date of Birth <i>(use Month Date Year format)</i> :	
Mailing Address:	
City/Town:	Postal Code:
Home Phone:	
Cell Phone:	Cell Phone Provider:
Work Phone:	Extension:
Email:	
Where do you currently reside? (Be specific – land location, street address, etc.):	

Emergency Contact Information

First Name:	Last Name:
Mailing Address:	
City/Town:	Postal Code:
Home Phone:	Cell Phone:
Work Phone:	Extension:
Relationship to Applicant:	



Work History

Please list current and previous positions, most current first – attach additional information if necessary.

<i>Employer:</i>	<i>Supervisor:</i>
<i>Position:</i>	<i>Department:</i>
<i>Location:</i>	<i>Work Phone:</i>
<i>Start Date:</i>	<i>End Date:</i>
<i>Brief Description of Position:</i>	
<i>Reason for Leaving:</i>	

<i>Employer:</i>	<i>Supervisor:</i>
<i>Position:</i>	<i>Department:</i>
<i>Location:</i>	<i>Work Phone:</i>
<i>Start Date:</i>	<i>End Date:</i>
<i>Brief Description of Position:</i>	
<i>Reason for Leaving:</i>	

May we contact the supervisors/employers listed above?

YES

NO

With Prior Notice

If not, indicate which one(s) you do not wish us to contact:

Have you ever been employed in the former Heartland Health Region?

YES NO

If yes, where & when:



Education & Training

Type of Education	School Name & Address	Highest Level Completed	Grade/Certificate/Diploma/Degree and Year Completed
Grade School			
University(s)			
Business, technical, trades or other training			

Other Certifications/Training:

- Valid Driver's License Date: _____
- Standard First Aid Certification Date: _____
- Cardiopulmonary Resuscitation (CPR Level ____) Date: _____
- First Responder Certificate Date: _____

What exposure have you had to emergency service work, personnel or emergency service situations?

Why do you want to become a First Responder?

Please list your past and present participation in community activities and/or organizations (names and dates).



Understanding of On Going Requirements

All First Responders are required to complete the following to stay licensed with Sask Health and active with the Saskatchewan Health Authority (former Heartland Health Region).

- Must complete all mandatory training requirements in a two year registration term to renew First Responder license
 - The following are the mandatory training requirements:
 - CPR – BLS Health Care Provider (required yearly)
 - Mechanical Aids to Breathing (including oxygen)
 - Patient Assessment
 - Spinal Immobilization
 - Review of medical and trauma emergencies
- Must regularly attend scheduled education dates and complete required online education modules.
- Must complete First Responder Kit checks when asked to do so and return them in a timely manner.
- Must notify the EMS First Responder Coordinator of any changes to any of the following in a timely manner:
 - Name Changes
 - Address
 - Phone numbers
 - Email address
 - Ability to respond to calls
- Must act in accordance to any policies or direction set out by the Saskatchewan Health Authority
- Must act in a professional manner when First Responding as you are a representative of the Saskatchewan Health Authority. Failure to do so will lead to dismissal from the First Responder program.
- Must keep any information or patient information obtained on calls confidential at all times. You will have to sign a Confidentiality Agreement with the Saskatchewan Health Authority during your orientation, failure to follow this agreement will likely lead to immediate dismissal from the First Responder Program.
- There is no obligation for First Responders to respond to calls when they come in, if you are unable to respond or have plans that is ok.

All these requirements are in place to ensure our patients are receiving quality care when they call 911, failure to meet these requirements can/will result in the First Responder not being relicensed or possibly dismissal from the First Responder program. We (Saskatchewan Health Authority (former Heartland Health Region)) understand that this is a volunteer service and sometimes work and life can make it difficult to meet some of these requirements. In these situations as long as the First Responder is in regular contact with the First Responder Program Coordinator or the local EMS Coordinator/designate; we (Saskatchewan Health Authority (former Heartland Health Region)) will work with that First Responder to come up with a reasonable solution. However breach of confidentiality or poor professionalism will likely lead to dismissal from the First Responder program.

If you understand the requirements stated above, please sign below.

Applicant Signature

Date



References

Please list three references that can address your abilities, attributes, or could support your role as a first responder (do not include relatives). Current and previous supervisors preferred.

Name	Occupation	Address	Contact Numbers
1.			
2.			
3.			

Statement by Applicant

I certify that the facts set forth in this application are complete and true. I understand that if I am accepted, false statements on this application shall be considered sufficient cause for dismissal. I also give permission to the Saskatchewan Health Authority (former Heartland Health Region) to obtain information regarding my previous employment or educational background.

I understand that I am required to complete and return a valid criminal record check at my own cost with this application prior to being accepted into the First Responder Program with the Saskatchewan Health Authority (former Heartland Health Region).

Signature of Applicant: _____ Date: _____

For Office Use Only

Date Received: _____

Local EMS Coordinator Recommendation for Acceptance: Yes No

Local EMS Coordinator Signature: _____

Disposition of Application: Accepted Not Accepted

EMS CTM Signature: _____

Date Applicant Informed of Decision: _____

Criminal Record Check Completed Yes

Date of Criminal Record Check: _____

Area of Response First Responder EMR



Applicants Planning to Continue onto the EMR Training Program

This section is for applicants wishing to continue into the Emergency Medical Responder (EMR) program to work EMS in the Saskatchewan Health Authority (former Heartland Health Region). Applicants who continue on to take the EMR course and wish to work for a Saskatchewan Health Authority (former Heartland Health Region) EMS Service will have to meet the following requirements prior to employment:

- Submit an Application & Resume to Saskatchewan Health Authority (former Heartland Health Region)
 - Resume **MUST** have three references, at least one reference must be from a previous supervisor
- Clean Criminal Record Check
- Class 4 Drivers License
- Clean SGI Driver Abstract
- Registered as an unrestricted practicing EMR with Saskatchewan College of Paramedics
- Copies of all applicable training certificates (i.e. EMR course certificate, CPR card, etc.)
- Interview with the EMS Care Team Manager/Director of EMS
- Successful completion of the EMS Lifting Test

Taking the EMR program does not guarantee employment with the Saskatchewan Health Authority (former Heartland Health Region); applicants will follow the same hiring processes as any other individual applying for employment with the Saskatchewan Health Authority (former Heartland Health Region).

To be eligible for employment as an EMR you will need to:

- Complete the two weekend First Responder program (paid by Saskatchewan Health Authority (former Heartland Health Region))
- Complete the two weekend EMR program (cost of this course is the responsibility of the applicant; cost can vary on number of people in the program. Approximately \$350-450.)
- Write and pass the Saskatchewan College of Paramedics EMR Licensing Exam (cost of exam is responsibility of the applicant, cost is \$500 for each attempt)
- Register with the Saskatchewan College of Paramedics as an EMR (cost of registration is responsibility of the applicant, cost is currently \$500 per year)

Once all of the above requirements are complete you will be eligible to be employed with the Saskatchewan Health Authority (former Heartland Health Region) as an EMR.

Please sign and date below stating you have read and understand the requirements for employment with the Saskatchewan Health Authority (former Heartland Health Region), that you read and understand the requirements to obtain EMR certification to be eligible for employment and the costs associated with, and also that you have read and understand that you will not be guaranteed employment with the Saskatchewan Health Authority (former Heartland Health Region) by taking the Emergency Medical Responder (EMR) program.

Applicant Signature

Date

Please only sign if you are intending to continue onto the EMR program, if you only intend to work as a First Responder please leave this page blank.



REQUEST FOR CRIMINAL RECORD CHECK

Date: _____

Applicant Name: _____

Address: _____

Telephone: _____

Please be advised that Heartland Health Region requires applicants for the First Responder Program training to provide a criminal record and vulnerable section check as part of their initial application, the check must be current within the past three months. It is the applicant's responsibility to obtain the Criminal Record check, to pay for any costs associated with obtaining the Criminal Record check, and to submit it with their application. Thank you in advance for your assistance.

Eric Blosky

First Responder Program Coordinator

Emergency Medical Services – Rosetown

Saskatchewan Health Authority | 306-882-2672 ext.2234 | Eric.Blosky@saskhealthauthority.ca

The First Responder applicant shall submit this completed form at the local RCMP detachment when they ask to have a criminal record done.