



Middlesex-London Paramedic Service

Primary Care Paramedic Mentorship Program Application

Applicant Information

Full Legal Name: _____
Surname First Middle Name

Full Address: _____ Contact: _____
Street Address Home Phone

_____ Apt/Unit # _____ Cell Phone

_____ City/Town _____ Email Address

Province Postal Code

Are you an International Student? Yes No

Are you a Canadian Citizen? Yes No

If "No", are you authorized to work in Canada? Yes No

Have you ever been convicted of a criminal offence for which you have not received a pardon? Yes No

Education

Are you currently enrolled in a Paramedic Program? Yes No

If "Yes", please provide name of College: _____

Expected graduation date: _____
dd/mm/yyyy

Certifications/Licences

As per the Ambulance Act 257/00 v 2.1 Part III section 6 (d) – Qualifications of Emergency Attendants and Paramedics:
An Emergency medical attendant must have maintained, during the two (2) years immediately prior to the date he or she commenced employment, and have continued to maintain during his or her employment, a valid driver's licence under the *Highway Traffic Act*.

Do you hold a valid Ontario issued Driver's Licence that you have maintained without any suspensions for two (2) or more years? Yes No

If "Yes" please provide your current Driver's Licence class: _____

As per the Ambulance Act: Part III – Qualifications of Emergency Attendants and Paramedics (c) subject to subsection (2), An Emergency medical attendant and paramedic must not have received, during the year immediately prior to the date he or she commenced employment, six or more demerit points recorded on his or her record by the Registrar of Motor Vehicles under the *Highway Traffic Act*.

Do you hold 6 or more demerits on your driving record? Yes No

Do you have a valid First Aid & CPR Certificate? Yes No

If "Yes" please provide your class: _____

Expiry date of First Aid & CPR: _____
dd/mm/yyyy

Disclaimer and Signature

I _____ certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information may result in my release from the Mentorship Program.

Signature: _____ Date: _____
dd/mm/yyyy