

Student Information			To be completed by student
Applicant: Please complete top portion only and forward this form to your employer(s) where you have practiced.			
Last name:	First name:	Student number:	
Mailing address:			
City:	Prov.:	Postal code:	Date of birth:
Home phone:	Business phone:	Cell phone:	
Registration number:	Email:		

I have read, understand and agree to the following:

- Submission of this form is required within 30 days of applying to the Paramedicine - Advanced Care Program at RRC Polytech.
- I confirm that the information provided on this form is true, complete and accurate.
- RRC Polytech may contact my employer to verify the information presented herein.

Signature Date (dd/mm/yy)

Employer Information			To be completed by employer
Employer: The individual named above has applied to the Paramedicine - Advanced Care Program at RRC Polytech. As part of the admissions process, they are required to submit proof of hours worked as a Primary Care Paramedic for two years with direct patient care experience. Do not include vacation, sick time or leaves of absence.			
Place of employment:			
Position/responsibility:	Length of employment:		
Mailing address:			
City:	Prov.:	Postal code:	
Business phone:	Fax number:		
Email:			

Name Position/title

Signature Date (dd/mm/yy)

For Office Use Only	
Program coordinator name:	
Signature:	Date:

RRC Polytech - Student Service Centre

Notre Dame Campus
D101-2055 Notre Dame Ave., Winnipeg, MB R3H 0J9
P: 204.632.2327 | F: 204.697.0584

Exchange District Campus
P104-160 Princess St., Winnipeg, MB R3B 1K9
P: 204.632.2327 | F: 204.949.9105

Regional Campuses
For Regional Campus contact info,
please visit rrc.ca/campuses