

Student Information				To be completed by student
Applicant: Please complete top portion only and forward this form to the 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:		Mobile phone:	
Registration number:		Email:		

**I have read, understand and agree to the following:**

- Submission of this form is required within 15 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.

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Signature	Date (dd/mm/yy)
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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 that they have worked two years as a full-time primary care paramedic with direct patient-care experience.				
Place of employment:				
Position/responsibility:				
Employment start date:		Employment end date:		<input type="checkbox"/> Full-time
Mailing address:				
City:	Prov.:	Postal code:		
Business phone:		Fax number:		
Email:				

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Name	Position/title
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Signature	Date (dd/mm/yy)
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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](http://rrc.ca/campuses)

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