



**EMERGENCY SOCIAL SERVICES  
ESS Director Course Application Form**

The application must be received a minimum of four weeks prior to the start of the course.

Course date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Position on Team: \_\_\_\_\_

**Contact Information:**

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Course Prerequisites:**

Introduction to ESS Date: \_\_\_\_\_

Introduction to Emergency Management Date: \_\_\_\_\_

Reception Centre Course Date: \_\_\_\_\_

Registration and Referrals Date: \_\_\_\_\_

**Authorization:**

Applications must be authorized by Emergency Program Coordinator, MST Director or ESS Training Specialist at PEP Headquarters. Applications without proper authorization will not be accepted.

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

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Fax to: ESS Training Specialist – 250-952-5831  
E-Mail to: [ess@pep.gov.bc.ca](mailto:ess@pep.gov.bc.ca)  
Mail To: Emergency Social Services Training Specialist  
Provincial Emergency Program  
PO Box 9201 Stn Prov Govt  
Victoria, BC V8W 9J1

Note: If you fax your application, please call 1-800-585-9559 to confirm receipt.

**For office use only**

Date Received: \_\_\_\_\_ Accepted:

Date Confirmed: \_\_\_\_\_ Notified: