

Edmonton Firefighter Exchange Application Form

Only Full time employees are eligible to apply

Surname			
Given Names			
Rank		Years of service	
Date of Birth (mm/dd/yy)			
Street Address			
City/Town		Postal Code	
Phone Number		Cell number	
E-Mail Address			
Languages Spoken <small>(Identify degree of fluency- fluent,good,fair)</small>			
Requested Location of Exchange (for internal applicants only)	1st Choice		
	2nd Choice		
	3rd Choice		

Number of People in your family traveling with you (identify age for any children)	
Name (Person 1)	
Name (Person 2)	
Name (Person 3)	
Name (Person 4)	
Are you aware of any medical or legal reasons why any of the above would fail to satisfy immigration requirements in the country you propose to visit? If yes, give details.	

Will any family member for whom you are responsible remain in the home country? If yes, give details.

Briefly describe your professional development interests

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Briefly describe your personal interests

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If you have dual citizenship, please list the other country in which you are a citizen

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You will need to compile three Letters of Reference

Direct Officer	Senior Office/District/ Platoon Chief or Equivalent	Someone outside the department/not a relative
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You will need to have to complete a Fit for Work Assessment providing written support that you are physically healthy and able to perform the duties of a firefighter

Physician

Details of next of kin in your home country

Name	
Relationship	
Street Address	
City	
Postal code	
Telephone (area code)	
Fax (area code)	

Ensure that unless discussed, Exchange Partners have sole occupancy of your accommodation. Exchange partners traveling without children may have the option of exchanging jobs and **not** accommodation.

If awarded an exchange, would your usual accommodation be available for the visiting exchange Partner during the full term of this fellowship?	
Yes	<input type="checkbox"/> If yes complete following section
No	<input type="checkbox"/>

If you answered yes to the above question, please complete the following					
House	<input type="checkbox"/>	Townhouse	<input type="checkbox"/>	Apartment	<input type="checkbox"/>
Garage	<input type="checkbox"/>	Own	<input type="checkbox"/>	Rent	<input type="checkbox"/>

Rooms available for use as bedrooms		
Room (type)	Length and Width	Number of Beds

Ensure you have spoken to your insurance company identifying the exchange situation and as each country has different policies and rules to be covered, you may need to make alternative arrangements for your exchange partners belongings.				
What is your normal method of travel to work?				
Is public transit to work available?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
How long does it normally take you to travel to work?				
Distance from your home to shopping centre in kms.				
Distance from your home to the nearest public transport in kms.				
Distance from your home to the nearest grocery store in kms				
Distance from your home to the nearest hospital in kms.				
Distance from your home to the nearest public recreation facility in kms				

Is off street parking available with your accommodation?	
If no, what arrangements do you normally make for your vehicle?	

Please give a brief description of your home community eg. Industries, climate, recreational, facilities, churches, shopping centres, schools, etc. (When you are discussing an exchange it helps to send a pack with marked up maps of your neighborhood and provide relevant information to help them with their move.

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**Please identify why you want the exchange.
What do you hope to bring back to the Department?
What do you hope to personally get out of the exchange?**

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