

Welcome to the Northern College Pre-Service Firefighter program.

You have chosen to pursue an exciting and challenging career.

You should be aware that there are strict requirements used by various fire agencies for their firefighter selection testing instruments. Northern College does not use these strict requirements as entrance requirements; however we do use them for career counseling purposes.

We want you to be successful in the Pre-Service Firefighter program. In order to do this, Northern College will familiarize you with the criteria that will be used as part of the pre-interview assessment phase of the recruitment of firefighters. This will assist us in helping you succeed in your quest to becoming the best you can be.

Pre-Admission Requirements

The following outlines are what you will require for the first week and what is involved with the firefighter selection process:

- The <u>CSEP Get Active Questionnaire</u> MUST BE COMPLETED AND SUBMITTED to participate in fitness testing. You must bring in a completed form indicating that you can participate in rigorous fitness testing. This testing process is a **COMPULSORY** part of the program and will not be repeated. It is very important to remember to bring attire that is suitable for strenuous physical activity.
- 2. Students must complete a Criminal Record Check at their local police department by completing the applicable CIPC form. Students must provide a copy of the original document to the designated person in their department and must be done on the first day of class and be current within 3 months of the start of the 1st semester. Any costs incurred when obtaining the Criminal Record Check is the student's responsibility. More information on the process of obtaining the Criminal Record Check can be found at CPIC.
- 3. Prior to admission, you must provide evidence that you are a Canadian citizen or that you have permanent residency in Canada.
- 4. We recommend that you hold a valid **Driver's License (Class G). Note: Prior to hire in a Fire Service a DZ license may be required.**

Required Equipment List

You will need to purchase or provide:

- Textbooks (\$750.00)
- Black safety boots
- NFPA fire gloves
- NFPA balaclava
- Approved NFPA or CAN/CSA Structural Firefighter Boots
- Uniforms can be purchased during the first week from suppliers.

The cost of the above items is approximately \$1250.00 excluding textbooks. A list of vendors will be provided to you on Orientation Day.



Information for Graduates

This curriculum is based on the National Fire Protection Association (NFPA) 1001 (2019) Edition which meets the body of knowledge and practical skills required to meet the job-related performance objectives.

Graduates of the Pre-Service Firefighter Education and Training Program are eligible to write the OFMEM Provincial Firefighter Certification Tests which will give them NFPA 1001 Firefighter I, II and NFPA 1072 Hazardous Materials Operations certification, and NFPA 1035 First and Life Safety Educator.

Note: In order to graduate and be eligible to write the OFMEM provincial tests and perform the practical skills testing, students **MUST** be able to pass an NFPA 1582 equivalent medical evaluation and an equivalent CPAT (Candidate Physical Ability Test).

Additional Information

In view of strenuous physical demands of professional firefighters, it is strongly recommended that applicants acquire and maintain an advanced level of physical fitness including cardiovascular and upper body strength, prior to and throughout the program. Students are strongly advised to have their visual acuity, colour vision and hearing assessed.

A career in municipal fire services requires visual requirements of a least 20/30 in each eye without corrective lenses. Students are also encouraged to investigate and ensure they are free of acrophobia and claustrophobia.

A deficit in any of these areas may prevent securing employment in the fire services field.

Students are required to adhere to the code of conduct as found in the Pre-Service Firefighter Student Manual that includes professionalism, integrity, reliability, punctuality, maturity, and strong interpersonal and communication skills.

Students are advised that all competencies specified for this program must be met, and therefore, attendance in class, lab and field placement experience is essential.

For additional information contact the program coordinator:

Craig Hartley

Program Coordinator, Timmins Campus

Phone: 705-235-3211 ext. 2121 Email: hartleyc@northern.on.ca



IMPORTANT PROGRAM INFORMATION

Dear Student:

The following requirements must be met in order to attend labs and learning placements during the academic year. Please note that an expectation of the (T085) Pre-Service Firefighter program is that every student must obtain and provide this required documentation. These documents include the following:

| Student Name: |
|--|
| Student Number: |
| Criminal Record Check |
| Copy of Valid First Aid/CPR (HCP) recommended |
| CSEP Get Active Questionnaire |
| WHMIS Certificate (Valid until end of program) |
| AODA Certificate - http://northernc.on.ca/aoda-training/ |
| Worker Health & Safety in 4 Steps https://www.labour.gov.on.ca/english/hs/elearn/worker/foursteps.php (Send/submit photocopy of certificate to Northern College) |

Please ensure that you keep your originals/photocopies of requirements as instructed.

Occasionally an agency may request items that are not contained in this list. Please be aware that delays in obtaining requested information will invariably result in delays in placement start times and could jeopardize student success and/or lead to delays in eligibility for graduation and provincial qualifying exams.





Get Active Questionnaire

CANADIAN SOCIETY FOR EXERCISE PHYSIOLOGY – PHYSICAL ACTIVITY TRAINING FOR HEALTH (CSEP-PATH®)

Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see csep.ca/certifications) or health care provider is advisable. This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.

| I am completing this questionnaire for myself. | |
|---|--|
| I am completing this questionnaire for my child/dependent as parent/guardian. | |

| 0 | 0 | PREPARE TO BECOME MORE ACTIVE |
|-------|------|--|
| YES : | NO : | The following questions will help to ensure that you have a safe physical activity experience. Please answer YES or NO to each question <u>before</u> you become more physically active. If you are unsure about any question, answer YES . |
| 120 | 1000 | 1 Have you experienced <u>ANY</u> of the following (A to F) within the past six months? |
| • | 0 | A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity? |
| • | 0 | B A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher? |
| 0 | 0 | C Dizziness or lightheadedness during physical activity? |
| 0 | 0 | D Shortness of breath at rest? |
| • | 0 | E Loss of consciousness/fainting for any reason? |
| • | 0 | F Concussion? |
| • | 0 | 2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active? |
| • | 0 | 3 Has a health care provider told you that you should avoid or modify certain types of physical activity? |
| • | 0 | 4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active? |
| | | •• ▶ NO to all questions: go to Page 2 – ASSESS YOUR CURRENT PHYSICAL ACTIVITY ••••• ▶ |





Get Active Questionnaire

| F | Answer the following questions to assess how | active you are now. | | | | |
|-------------------------------------|--|---|--------------------|--|--|--|
| | During a typical week, on how many days do you do mode activity (such as brisk walking, cycling or jogging)? | erate- to vigorous-intensity aerobic physical | DAYS/ WEEK | | | |
| | On days that you do at least moderate-intensity aerobic point for how many minutes do you do this activity? | ohysical activity (e.g., brisk walking), | MINUTES/ DAY | | | |
| | For adults, please multiply your average number of days. | /week by the average number of minutes/day: | MINUTES/ WEEK | | | |
| | Canadian Physical Activity Guidelines recommend that adult physical activity per week. For children and youth, at least 60 least two times per week for adults, and three times per week | minutes daily is recommended. Strengthening mu | scles and bones at | | | |
| | GENERAL ADVICE FOR BECOM | IING MORE ACTIVE | | | | |
| | Increase your physical activity gradually so that you have into your day (e.g., take a walk with a friend, ride your bik (e.g., prolonged sitting). | | | | | |
| | If you want to do vigorous-intensity physical activity (i.e., conversation), and you do not meet minimum physical ac Professional (QEP) beforehand. This can help ensure that | tivity recommendations noted above, consult a C | Qualified Exercise | | | |
| | Physical activity is also an important part of a healthy pregnancy. | | | | | |
| ١ | Delay becoming more active if you are not feeling well be | ecause of a temporary illness. | | | | |
| | DECLARATION | | | | | |
| | To the best of my knowledge, all of the information I have If my health changes, I will complete this questionnaire ag | | | | | |
| | I answered <u>NO</u> to all questions on Page 1 | I answered <u>YES</u> to any question on Page 1 | | | | |
| | Y | Check the box below that applies to you: | | | | |
| | | I have consulted a health care provider or Qualified (QEP) who has recommended that I become more p | | | | |
| Sign and date the Declaration below | | I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP. | | | | |
| | | | | | | |
| | Name (+ Name of Parent/Guardian if applicable) [Please print] Signal Sig | gnature (or Signature of Parent/Guardian if applicable) | Date of Birth | | | |
| | Date Email (optional) | Telephone (optional) | | | | |
| | Date Email (optional) | | | | | |