

ICS Canada Instructor Application Form

Section 1 – Personal Information

Surname

First Name

Middle Name

Mailing Address

Email Address

Work Phone Number

Section 2 – References

Provide a minimum of 3 instruction-related references from agencies or companies for whom you have worked or trained within the last five years.

Name

Agency/Company

Phone Number

Email

Course(s) Instructed

Name

Agency/Company

Phone Number

Email

Course(s) Instructed

Name

Agency/Company

Phone Number

Email

Course(s) Instructed

Section 3– Training Background/ Experience - Document proof of a teaching or instructional commitment in an adult education related field.

Date of Activity

Location of Activity

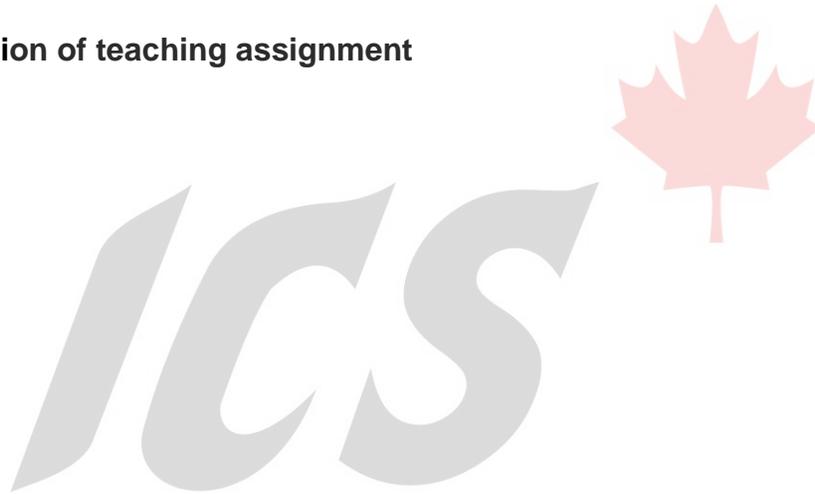
Sponsoring Organization

Target Audience (e.g.. *high school, technical school, college, industry, other*)

Number of Years

Individual who can verify your assignment/role (list name and telephone number)

Brief description of teaching assignment



Section 4 – ICS/ Functional Position Experience Part I

Demonstrate participation in an incident response, a planned event or exercise applying ICS (within the last five years).

Date

Incident/Event/Exercise

Role/Position

Individual who can verify your assignment/role (list name and telephone number)

Description of assignment/role

Description of your contribution

Brief description of lessons learned or the recommendations for future mitigation activities



Section 4a – ICS Experience

Please provide proof of experience (within previous five years) as an Incident Commander, ECC Director or in the Command or General Staff position at an incident or in an Emergency Operations Centre in an incident that went beyond one operational period or required a written Incident Action Plan (IAP). Examples of proof include, a copy of the IAP with name of applicant, After Action Report mentioning applicant, Position Activity Log.

Section 5a – For Current ICS Instructors

What level of Training do you have? *(Check all that apply) (Copies of all ICS certificates must be attached.)*

- ICS 100
- ICS 200
- ICS 300
- ICS 400
- Other:
- Other:
- Other:
- Other:

What level of Training do you currently teach? *(Check all that apply).*

	Lead	Unit	Target Audience	Location
<input type="checkbox"/> ICS 100				
<input type="checkbox"/> ICS 200				
<input type="checkbox"/> ICS 300				
<input type="checkbox"/> ICS 400 / 402				
<input type="checkbox"/> ICS Train the Trainer				
<input type="checkbox"/> Other:				
<input type="checkbox"/> Other:				
<input type="checkbox"/> Other:				
<input type="checkbox"/> Other:				
<input type="checkbox"/> Other:				



What level of Training are applying for? *(Check all that apply).*

- ICS 100
- ICS 200
- ICS 300
- ICS 400/402
- Other:
- Other:
- Other:
- Other:

What course material do you require?

- ICS 100
- ICS 200
- ICS 300
- ICS 400/402
- Other:
- Other:
- Other:

Have you taken an "ICS Train the Trainer" course? *(Please attach a copy of the certificates.)*

- Yes If Yes, what level?
 No

For Functional Position Lead Instructors

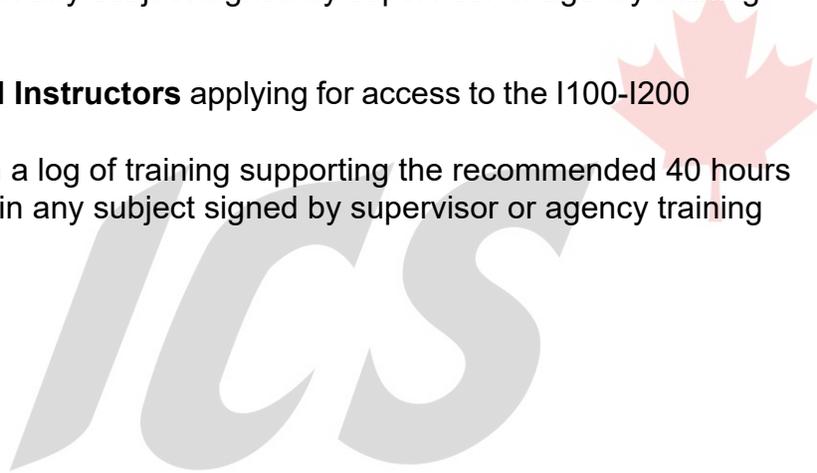
Please attach a log of training supporting the recommended 80 hours of instruction in any subject signed by supervisor or agency training coordinator.

For ICS Lead Instructors applying for access to the I300-I402

Please attach a log of training supporting the recommended 80 hours of instruction in any subject signed by supervisor or agency training coordinator.

For ICS Lead Instructors applying for access to the I100-I200

Please attach a log of training supporting the recommended 40 hours of instruction in any subject signed by supervisor or agency training coordinator.



Section 6 – Any Other Relevant Information

Please provide and/or comment on any other information or combination of training and experience that you feel would make you qualified to instruct ICS courses, e.g. other emergency management courses such as Basic Emergency Management or Emergency Operations Centre Management.

Section 7 – All Applicants*

The following information is to be filled out by the Supervisor of the Applicant:

I, _____ confirm that _____ has been designated to fill the role of
(Supervisor, Title) (Name of Applicant)

ICS instructor with _____.
(Name of Department/Agency)

Supervisor's Signature

Date

*If you are self-employed, please provide the name of the company and sign as applicant and supervisor.

Section 8 – Declaration

I hereby certify that all statements on this application are true and complete in all respects and no relevant information has been withheld.

Applicant's Signature

Date