



JUSTICE INSTITUTE
of BRITISH COLUMBIA
Emergency Management Division

PEP Search and Rescue Training Application Form

Course Name:
Course Date and Location:
Your SAR Group: (Please, no abbreviations)

Section A: Applicant Information - For Applicants 16-18 years of age, the Training Officer Must Phone the JI to Discuss.

First Name:	Last Name:	Middle Initial:	Date of Birth:
Mailing Address:		City/Town:	Postal Code:
Phone: Work	Home	Cell/pgr	Fax
Email:	Experience in SAR: _____ Years	Approximate Number of SAR Operations as a Searcher: _____	

Section B: Training Background - Mark the boxes that apply for this specific course.
NOTE: GSAR certification and active membership in a PEP-recognised SAR group are minimum prerequisites for all courses listed below.

Ground Search Team Leader	List Leadership Training and Experience: _____
GSAR Instructor	List Any Instructional Training: _____
Rope Rescue TM Course	Have You Reviewed The Rope Management Chapter in GSAR Manual? <input type="checkbox"/> YES Number of group rope rescue training events participated in or observed: _____
Rope Rescue TM Evaluation	Date of RRTM Course: _____ Log detailing 20+hrs. of practice since course Included with Ap.? <input type="checkbox"/> YES
Rope Rescue TL Course	Date of RRTM Certification: _____
Rope Rescue TL Evaluation	Date of RRTL Course: _____ Log detailing 20+hrs. of practice since course Included with Ap.? <input type="checkbox"/> YES
Track Aware	List Date & Location of any Previous TA Courses: _____
Swiftwater Rescue	Do you already have: <input type="checkbox"/> SSO <input type="checkbox"/> SRT____ If yes, list date & training provider: _____
Organized Avalanche Response TM/TL	Do you have and are skilled with: <input type="checkbox"/> Avalanche Skills Training (AST) <input type="checkbox"/> Advanced Avalanche Skills Training (AAST) <input type="checkbox"/> CAA Avy 1 <input type="checkbox"/> Backcountry Skis <input type="checkbox"/> Snowshoes Indicate Other Training and Cert. Date: _____
SAR Management	Number of Tasks Assisting or Observing SAR Mgt. Team: _____
SAR Management Recurrency	Number of Tasks as SAR Manager in Last 2 Years: _____ Date of Last Course or Recurrency: _____

Section C: Training Officer / Group President Sign-Off

IMPORTANT

The Group President or Training Officer of the sponsoring SAR GROUP must nominate all candidates. All candidates from a group must be signed-off by the same person. When several members from a group are nominated please rank each by priority, below, in case there is not enough room for all. Applications are to be forwarded to the Justice Institute of BC prior to the application deadline as stated on the course or evaluation announcement. The event will be cancelled 3 weeks prior to course dates if minimum numbers are not met. Copies of this application may be forwarded to the PEP Regional Manager and Regional SAR Advisory Representative for candidate selection if the course is over subscribed.

_____	_____
Training Officer/President Name	Signature
_____	_____
Position	Date
Phone: Work _____	Home _____
PRIORITY #(1,2,...)▶ <input type="checkbox"/>	

For all SAR courses please send completed applications to: **Justice Institute of BC**
Emergency Management Division
715 McBride Blvd.
New Westminster, BC V3L 5T4

Or fax form to **(604) 528-5798**
If submitting by email this application must be sent by the training officer or president to sar@jibc.ca