

Workforce Training & Contract Services APPLICATION FORM



PERSONAL INFORMATION

Have you previously registered in a course or program at Coast Mountain College? Yes No

| | | | | | |
|---|---|---------------------|---|--|----------------|
| * Last name: | | * First name: | | * Middle name: | |
| * Birthname or other surname(s) if different from above: | | | *E-mail address: | | |
| * Permanent address (mail will be sent to this address): | | | Local address (while attending CMTN): | | |
| * City: | * Province: | * Postal code: | City: | Province: | Postal code: |
| Home telephone #: | Business telephone #: | | Cell #: | Other telephone #: | |
| * Social Insurance Number (SIN): | Female Male | Non-Binary Other | Prefer not to answer | * Date of birth: | YEAR MONTH DAY |
| <input type="checkbox"/> Canadian citizen | <input type="checkbox"/> Other Please indicate: | | | Immigration papers must be attached if applicant is not a Canadian Citizen | |
| <input type="checkbox"/> Landed immigrant | Country of primary citizenship: | | | | |
| Optional statistical information: Do you identify yourself as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Emergency contact name: | | |
| If yes, select one or more: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit | | | Telephone: Relationship: <small>(include area or country code)</small> | | |

COURSE INFORMATION (Please print clearly)

| Course name(s) | Course dates | Fees |
|----------------|--------------|------|
| | | |
| | | |
| | | |
| Total fees | | |

PAYMENT INFORMATION

Funding agencies must follow instructions below. Students must fill out payment information.

| | |
|--|---|
| <p>FOR FUNDING AGENCIES:</p> <p>1. Have student complete the information above and sign the back of this form.</p> <p>2. Drop off or Email this completed Application Form along with an Authorization to Invoice letter to your local campus. Contact info for Coast Mountain College campuses is listed on the other side of this form.</p> | <p>FOR STUDENTS:</p> <p>Cheque <input type="checkbox"/> Money order <input type="checkbox"/> Purchase order <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/></p> <p>Credit card number: _____</p> <p>Card security code: _____ Expiry date: _____ <small>(found on back of card)</small></p> <p>Cardholder's name: _____</p> <p>Signature of cardholder: _____</p> |
|--|---|

Please note items marked with an asterisk () are mandatory for registration. Birthdate information will be used solely for statistical purposes and to plan future courses and programs. All mandatory information is collected under the authority of the College and Institute Act (RSBC 1996, ch. 52). This personal information will be used to verify the student's Personal Education Number (PEN), required by the Province of British Columbia, or to assign PEN numbers to students. The PEN is used to measure participation of the population in the post-secondary sector and for program research and evaluation. This form will be destroyed once the information has been entered into the college information system.

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GENERAL INFORMATION

The College may announce the names of students and use their photographs in promotion and communication materials. Students with privacy concerns are urged to advise campus staff at the earliest possible time.

DECLARATION

1. The information in this registration form is, to the best of my knowledge, complete and correct.
2. I agree to follow the rules and regulations of the College as listed on the Coast Mountain College website or as amended by the College Board.
3. I agree to Coast Mountain College's Workforce Training & Contract Services department policies for cancellation, withdrawal and refunds as listed on the Coast Mountain College website.
4. I understand that courses may be subject to minimum enrolments.
5. I understand that personal information from this application will be used to verify my Personal Education Number (PEN) or one will be assigned to me for the purpose of research and evaluation. Any information released will be in a non-identifiable form.
6. I understand that both the information provided and any other information placed on my student record will be protected and used in compliance with *Bill 50 Freedom of Information and Protection of Privacy Act (1992)* and the operations of the College. Information collected and maintained as part of my student record is collected under the authority of the *Colleges and Institutions Act*.

SIGNED: _____ DATE: _____

Call, drop off or email to:

Workforce Training & Contract Services, Coast Mountain College

Toll Free: 1.877.277.2288

wtcs@coastmountaincollege.ca **OR** info@coastmountaincollege.ca

| | | |
|---------------|---|-------------------|
| Hazelton | 4815 Swannell Drive, P.O. Box 338, Hazelton, BC V0J 1Y0 | Tel: 250.842.5291 |
| Prince Rupert | 353 Fifth Street, Prince Rupert, BC V8J 3L6 | Tel: 250.624.6054 |
| Terrace | 5331 McConnell Ave, Terrace, BC V8G 4X2 | Tel: 250.635.6511 |
| Smithers | 3966 2nd Avenue, P.O. Box 3606, Smithers, BC V0J 2N0 | Tel: 250.847.4461 |

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