

Workforce Training & Contract Services APPLICATION FORM

coast
mountain
college



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:				
Statistical information: Do you identify yourself as an Indigenous 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: (include area or country code)		
If applicable, indicate your community:					
Gitxaala		Kitsumkalum		Metlakatla	
Kitselas		Lax Kw'alaams		Gitga'at	

COURSE INFORMATION (Please print clearly)

Course name(s)	Course dates	

Workforce Training & Contract Services **APPLICATION FORM**

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

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

13.014

**coast
mountain
college**



CONSENT TO RELEASE STUDENT INFORMATION AUTHORIZATION FORM



In compliance with the Freedom of Information and Protection of Privacy Act, Coast Mountain College cannot release student information without the written authorization of the student. Completion of this form authorizes the release of information as specified by you. The organization or person (s) listed below will still be required to formally request this information from Coast Mountain College.

Contact Information			
NAME			
ADDRESS		CITY	PROVINCE
POSTAL CODE	STUDENT NUMBER	PROGRAM	
PHONE NUMBER		EMAIL	
Part A—Type of Release			
This form authorizes Coast Mountain College to release the following information to the person/organization indicated below.			
<input type="checkbox"/> Application & Admission Information		<input type="checkbox"/> Tuition & Fee Information	
<input type="checkbox"/> Registration Information		<input type="checkbox"/> Government/Private Loan Information	
<input type="checkbox"/> Academic Record Information: progress, grades, academic standing, graduation etc.		<input type="checkbox"/> Awards Information	
		<input type="checkbox"/> Other: _____	
Person/Organization Authorized to receive the above information for the duration of the release			
Relationship to you:			
<input type="checkbox"/> Relative <input type="checkbox"/> Organization <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____			
NAME			
ADDRESS		CITY	
PROVINCE	COUNTRY	POSTAL CODE	
PHONE NUMBER	FAX NUMBER	EMAIL	
PART B—Duration of Release			
Start Date (MM/DD/YYYY): _____		End Date (MM/DD/YYYY): _____	
Student Approval			
By signing below, I hereby authorize Coast Mountain College to release my information indicated in Part A to the person/organization indicated for the specified period of time.			
STUDENT SIGNATURE		DATE	

FOR OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____