

# 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		

13.014

Turn for page 2.

\* 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.

## 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**

[wtc@coastmountaincollege.ca](mailto:wtc@coastmountaincollege.ca)

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



# Rights & Permission Release



## MINORS – 18 years and younger

### **PLEASE READ CAREFULLY.**

In consideration for my child being able to participate in the project to which this Release relates, I agree as follows:

I will allow Coast Mountain College (CMTN) and its representatives to take photographs and video recordings of my child, my child's written and spoken words and my child's art works (the "Images and Recordings").

I hereby grant CMTN the irrevocable non-exclusive right to use, copy, modify, print, display, broadcast, distribute and otherwise publish the Images and Recordings in any form (print, digital, electronic, online, etc.) in connection with CMTN. I understand that CMTN may publish the Images and Recordings online on servers which may be monitored by foreign governments.

I understand and irrevocably agree that CMTN owns the Images and Recordings and all derivative works made from the Images and Recordings. I further waive any privacy rights, personality rights, copyrights, or any other rights my child may have under any statute or law with respect to the Images and Recordings.

I hereby waive any rights to inspect or approve the Images and Recordings and CMTN's use of them. I hereby release, and discharge the CMTN, its employees and agents from and against any claims I or my child may have against CMTN in connection with the Images and Recordings and the use of the Images and Recordings.

This Release binds me, my child and our descendants and legal representatives, now and in the future. The rights granted hereunder are perpetual and irrevocable.

**My signature means that I am the parent or legal guardian of this child, and that I have read, understood and accept the terms of this release.**

\_\_\_\_\_  
NAME of PARTICIPANT (PRINT)

\_\_\_\_\_  
TEL #

\_\_\_\_\_  
PROGRAM

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME of PARENT / LEGAL GUARDIAN (PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**To be completed by employee**

CMTN EMPLOYEE

NAME (PRINT): \_\_\_\_\_

DATE: \_\_\_\_\_ LOCATION/EVENT: \_\_\_\_\_

**Forward all signed release forms to Communications Dept. via:**

**SCAN TO EMAIL:** [communications@coastmountaincollege.ca](mailto:communications@coastmountaincollege.ca)

**FAX:** 250.635.3511 **INTERNAL MAIL:** ATTN Communications Dept. Jackpine Building

**MAIL:** Coast Mountain College, Attention Communications

5331 McConnell Ave., Terrace, BC V8G 4X2