

Start and End Dates: February 4, 2019 to July 5, 2019 (22 Weeks)

Registration Form

Last Name: _____

First Name: _____

Second Name: _____

Previous Last Name (if applicable): _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone (home): _____

Cell Phone: _____

Email: _____

Date of Birth (YY/MM/DD): _____

Please check:

How did you hear about the program: Friendship Centre ___ Friend ___ Family ___ Flyer ___
Information Session ___ Facebook ___ Email ___ Employment Office ___ OW Worker ___
Other: _____

Are you of Indigenous Descent: Yes No

If yes: Are you: First Nation (please specify community) _____
 Status Non-Status
 Metis Inuit

Do you have a valid driver's license? Yes No

Do you have access to a vehicle? Yes No

Transportation while in training? Own car ___ Get a ride ___ City Bus ___ Walk ___

Are you currently employed? Yes Full-time ___ Part-time ___
No

Career Goal: _____

Do you have a secondary school diploma? Yes No

If no, what was the highest grade you completed? _____

Have you attended any post-secondary institution? Yes No /

If yes, College University

What program(s) did you take? _____



**General Carpentry
Pre-Apprenticeship Program for Women**



Your living expenses while in training: (Please check any items that may apply to you.)

I will need to leave my home community for this training: Yes No

I live at home with spouse parent(s) single single parent Number of dependents: _____

I am currently receiving benefits from _____ Ontario Works _____ WSIB
 _____ Service Canada (EI) _____ ODSP

I will be applying for sponsorship for living expenses:

_____ First Nation _____ Employment and Training _____ Metis Nation
 (Please specify agency) _____

Other (please specify)

In case of an emergency, whom can we contact?

Name: _____ Phone: _____

Relationship to you: _____

Consent to Disclosure

I certify that the above information is true and complete. I understand that any false or incomplete information may invalidate my application. I have read the Freedom of Information and Privacy Protection statement below. I authorize my previous educational institutions and/or the Ministry of Education to release my academic information and school record to the above mentioned college. I also authorize the release of this information to the Ministry of Training, Colleges and Universities. I authorize Canadore College to disclose academic information as required to sponsoring agencies or other adult education providers.

Applicant's Name (please print) _____

Applicant's Signature _____ Date _____

Freedom of Information and Protection of Individual Privacy

The personal information on this application is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1990,c.M.19,s.5 and Regulation 770, R.R.O.1990,s.8. The information is used for the administration and statistical purposes of the College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. If you have any questions regarding the collection and use of this personal information, please contact the Registrar of the College.

For further information contact:

Judy Manitowabi
 Manager, Community Based and Contract Training
 First Peoples' Centre
 Canadore College
judy.manitowabi@canadorecollege.ca
 705-474-7600 ext. 5966 Fax: 705-474-2384