



APPLICATION FOR ADMISSION English as an Additional Language	Location:
Preferred Time: <input type="checkbox"/> Days (9am – 12pm) <input type="checkbox"/> Evenings (6pm – 9pm)	Preferred Delivery: <input type="checkbox"/> In person <input type="checkbox"/> Online (limited options)

PLEASE PRINT CLEARLY

PERSONAL INFORMATION	First Name:	Last Name:	Preferred Name:		
	Address: (Mailing)		City/Province:	Postal Code:	
	Email Address:		Cellular Telephone:	Home Telephone:	
	Date of Birth: (mm/dd/yyyy)	Date of Arrival: (In Canada)	1st Language:	Country of Birth:	
	Marital Status: <input type="checkbox"/> Married (or equivalent) <input type="checkbox"/> Single <input type="checkbox"/> Prefer not to report	# of Dependents (children):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to report	Pronouns: _____	
	Federal Language of choice: <input type="checkbox"/> English <input type="checkbox"/> French				
Emergency Contact Name:			Emergency Contact Phone Number:		

COPY OF GOVERNMENT DOCUMENTATION

Permanent Resident Temporary Work Visa Canadian Citizen Refugee status at entry of Canada

Other _____ ID / UCI / ICU # _____

PERSONS WITH DISABILITIES (Optional)
If you are a person with a permanent disability, please check the box below. This allows you to access reasonable accommodations to assist with your studies. I have a permanent disability. I would like support services.

<p>1. Do you have children that require childcare/daycare? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many children do you have? _____ <input type="checkbox"/> If yes, what are the age(s) of the children? _____</p> <p>2. What is your primary objective for seeking language training at this time? <input type="checkbox"/> Find Employment <input type="checkbox"/> Pursue an Education <input type="checkbox"/> Participate in Canadian Society <input type="checkbox"/> Acquire Citizenship</p> <p>3. Previous English <input type="checkbox"/> None <input type="checkbox"/> In Canada: How Many Years? _____ <input type="checkbox"/> Before coming to Canada? How Many Years? _____</p>	<p>4. Previous Education <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Apprenticeship Certification of other non-university certificate/diploma/degree. <input type="checkbox"/> Other _____ Total Years? _____</p> <p>5. Employment Status <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Unemployed Current Employer? _____</p> <p>6. How did you hear about us? <input type="checkbox"/> Friend/Family <input type="checkbox"/> Radio/Newspaper <input type="checkbox"/> Work <input type="checkbox"/> Internet/Website <input type="checkbox"/> Canadian Agency (e.g. BIRC) <input type="checkbox"/> Library <input type="checkbox"/> Other? _____</p>
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(Mandatory) Waiver: I hereby certify that all the information on this registration is true and complete. Further, I understand that this information is collected under the legal authority of the Regional College Act (1988) and the Local Authority Freedom of Information and Protection of Privacy Act. The information is used for administrative and statistical purposes by North West College and/or Ministries and Agencies of the Saskatchewan Government and the Government of Canada, including the issuance of the Saskatchewan Graduate Tax Credit. If you have any questions about the collection or use of this information, please contact the Privacy Head at North West College.

Applicant’s Signature (MANDATORY) _____ **Date** _____

_____ X _____

(Optional) Visible Minority: refers to whether a person belongs to a visible minority group. The Employment Equity Act defines visible minorities as “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour”. The visible minority population consists mainly of the following groups: South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean, Japanese.

Permanent Residents / Refugee Status only (Translation available) : Consent for Future Research - By signing below, the client is agreeing to allow Citizenship and Immigration Canada (CIC) to contact him/her in the future regarding his/her settlement and language progress. The client’s information will not be shared by any third party.

Applicant’s Signature (OPTIONAL) _____ **Date** _____

_____ X _____