



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)	1 st 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:	
<input type="checkbox"/> COPY OF GOVERNMENT DOCUMENTATION				
<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Work Visa <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Refugee status at entry of Canada <input type="checkbox"/> 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. <input type="checkbox"/> I have a permanent disability. <input type="checkbox"/> I would like support services.				
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? _____			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? _____	
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			5. Employment Status <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Unemployed Current Employer? _____	
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? _____			6. How did you hear about us? (Please check one) <input type="checkbox"/> Friend/Family <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Work <input type="checkbox"/> Digital/Website <input type="checkbox"/> Library/Poster <input type="checkbox"/> Canadian Agency (e.g. BIRC) <input type="checkbox"/> Other? _____	
(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) <input type="checkbox"/> 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_____			_____	



FOR OFFICE USE ONLY

CLBPT Eligibility: PR/TW/Refugee - arrived within the previous 5 years - must be 18+
Placement Test: Yes ☐ Date scheduled: _____ Confirmed ☐
No ☐ Reason _____

** PSE #

REGISTRATION
First Day Attended:

(Cancel if no Start Date)

Coordinator Signature:

Registrar Signature:

WD / COMPLETION

End Date: _____

Complete ☐
WD & Reason ☐

Coordinator Signature:

Registrar Signature:

START LEVELS:

Current Level	Listen	Speak	Read	Write

Test Date: _____ Assessor: _____
(CLBPA/InClass)

PLACEMENT:

Instructor: _____
Linc / Conversation Circle

Program Code _____

Transferred to: _____

Date Transferred: _____

REGISTER

WITHDRAW

TESTED

- ☐ CLBPA
☐ Results Sent

ACCEPTED

SIS:

- ☐ Student Information
☐ Student Handling
☐ Test Results +1

☐ Student File

Acceptance Letter

Start Date: _____
☐ Emailed
☐ Mailed
☐ Attendance

REGISTERED

PR Enter ICare: N/A
☐ Assessment
☐ Training

CONSENT FORMS

- ☐ Photo
☐ Internet

Chromebook #

WD / COMPLETE

Attendance: ☐
OCSM Levels ☐

PR Exit ICare: ☐ N/A

Progress Review ☐
Instr Rt'd ☐
Sent to Stud ☐

WITHDRAW LETTER

Sent Date: _____
Student Notified ☐

LEARNER ATTENDED:

DAYS	HOURS

OUT OF A POSSIBLE:

Real Life Learning ☐
Metis/F.N Awareness ☐
Goals: Set ☐ Achieved ☐
☐ Returned Chromebook

END LEVELS:

Linc Exit Level	Listen	Speak	Read	Write

- ☐ Withdrawn Progress Report ☐ Attendance Award
☐ Completed Progress Report ☐ Most Imp. Award

Date Issued: _____

Certificate issued: ☐ Yes ☐ No
Type of Certificate: ☐ LINC ☐ NWC

NOTES:

Extended Leave

Start Date	
End Date	

REASON