



**Interurban Campus**  
 4461 Interurban Road  
 Victoria, BC V9E 2C1  
 Phone: 250-370-3550  
 Toll-free: 1-877-554-7555  
 Fax: 250-370-3750

Have you applied to or attended Camosun College before ?

Yes  No

CAMOSUN COLLEGE STUDENT NUMBER **C** \_\_\_\_\_

ITA INDIVIDUAL ID # \_\_\_\_\_

TRADES WORKER IDENTIFICATION (TWID) # \_\_\_\_\_

# APPRENTICE

## PERSONAL INFORMATION (please print clearly)

LEGAL LAST NAME		FORMER LAST NAME (if applicable)	MIDDLE NAME(S) <input type="checkbox"/> Check if you have none
LEGAL FIRST NAME		PREFERRED FIRST NAME (if applicable)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
CITIZENSHIP STATUS <input type="checkbox"/> Canadian If you are not a citizen of Canada, please select your official status in Canada: <input type="checkbox"/> Permanent Resident/Landed Immigrant (documentation required) <input type="checkbox"/> Other (please specify) _____		SOCIAL INSURANCE NUMBER (Optional*) _____ - _____ - _____	
		DATE OF BIRTH MM / DD / YYYY	

## CURRENT MAILING ADDRESS

NUMBER/STREET		CITY	
PROVINCE	POSTAL CODE	EMAIL ADDRESS	
HOME PHONE NUMBER _____ - _____ - _____	BUSINESS PHONE NUMBER _____ - _____ - _____ Local/Ext. # _____		CELL PHONE NUMBER _____ - _____ - _____

## EMERGENCY CONTACT

CONTACT NAME	CONTACT PHONE NUMBER _____ - _____ - _____ Local/Ext. # _____
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## PROGRAM CHOICE

Program	Please tick the level you want to register in:				Start MM/DD/YYYY
	Year 1	Year 2	Year 3	Year 4	
Automotive Service Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carpenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Professional Cook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Domestic / Commercial Gas Fitter	<input type="checkbox"/>	<input type="checkbox"/>			
Domestic Heating Tech Geothermal	<input type="checkbox"/>	<input type="checkbox"/>			
Domestic Heating / Hydronics			<input type="checkbox"/>		
Electrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Joiner	<input type="checkbox"/>				
Metal Fabricator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plumber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RBMW (restricted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigeration / Air Conditioning Mech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
RCFT (restricted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sheet Metal Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sprinkler Fitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Steam/Pipe Fitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Welder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\* While it is not mandatory that you supply us with your SIN, this information helps us to ensure the accuracy and completeness of your transcript and your tuition tax receipt.

## VOLUNTARY DISCLOSURE

By completing this section you indicate you understand that you *may* be contacted by the school based on the information you provide.

Are you of **Aboriginal** ancestry? (First Nations, Métis or Inuit)  Yes  No  
If Yes, are you  First Nations Status  First Nations Non-Status  Inuit  Metis

Do you require additional support services due to a disability?  Yes  No  
*Note: It is your responsibility to request support by contacting the Disability Resource Centre [www.camosun.ca/drc](http://www.camosun.ca/drc)*

My **primary reason for attending** Camosun College is: (*indicate only one*)

- To learn new job skills  
 To improve existing job skills  
 To decide on a career or change careers  
 To improve basic skills  
 Personal interest/self-development  
 Other

## APPLICANT DECLARATION

The personal information on this form and other personal information which forms part of your student record is collected under the legal authority of College and Institutes Act, [RSBC 1996] c.52, and the Freedom of Information and Protection of Privacy Act [RSBC1996] c. 165 . The information is used for administrative and statistical research purposes of the College and/or the ministries or agencies of the Government of British Columbia and the Government of Canada. The information will be protected, used, and disclosed in compliance with those acts. Except as provided in the foregoing, the personal information collected on this form and other personal information which forms part of your student record will not be disclosed to any other person without your consent. A "Permission to Release Information" form, available from Student Services and [camosun.ca](http://camosun.ca), must be signed in order for Camosun College to provide access or release your personal information to any other person. However, Camosun College may be required to release a student's personal information if it becomes aware of compelling circumstances where there is a risk to the health and safety of the student or others. For further information, please contact the college's Privacy Officer by phone at (250) 370 – 3016 or by e-mail at [brindle@camosun.bc.ca](mailto:brindle@camosun.bc.ca).

**Please read the following before signing:**

1. I declare that the information contained in this application is to the best of my knowledge complete and correct.
2. I agree to abide by the rules and regulations of the College.
3. I understand and agree that acceptance of this application in no way guarantees admission to the program or course and that this application is subject to the availability of seats. I understand and agree the College reserves the right to modify or cancel any program or course without notice or prejudice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Application Fee

**Payment of \$36.41 is due with this application.**

Cheque or Money Order (*attached*)  
Payable to Camosun College

Visa  Mastercard  American Express  JCB

Card No: \_\_\_\_\_ Expiry \_\_\_\_ / \_\_\_\_

Sponsorship

Sponsoring Agency Approval of Fees form (*attached*)

Name of Card Holder: \_\_\_\_\_

## OFFICE USE ONLY

Application Code

STATUS:  
ENTERED BY:  
DATE:  
EVALUATED BY:  
DATE:

COMMENTS