



Interurban Campus  
 4461 Interurban Rd.  
 Victoria BC V9E 2C1  
 250-370-3846 or  
 1-877-554-7555 (Toll-free)  
 Fax: 250-370-3750  
 apprentice@camosun.ca

Have you applied to or attended Camosun College before?  
 No  Yes. Please provide your Camosun College Student Number:

C \_ \_ \_ \_ \_

ITA# \_\_\_\_\_  
 (required for apprentice course registration)

# APPRENTICE

## PERSONAL INFORMATION (please print clearly)

LEGAL LAST NAME \_\_\_\_\_ FORMER LAST NAME (if applicable) \_\_\_\_\_

LEGAL FIRST NAME \_\_\_\_\_ PREFERRED NAME (if applicable) \_\_\_\_\_ MIDDLE NAME(S) \_\_\_\_\_ Check if you have none

CITIZENSHIP STATUS  Canadian  
 If you are not a citizen of Canada, please select your official status in Canada (documentation required):  
 Permanent Resident/Landed Immigrant, document number: \_\_\_\_\_  
 Other Visa or Permit, specify and provide document number: \_\_\_\_\_  
 Refugee / Convention Refugee, document number: \_\_\_\_\_  
 Live In Care Giver, document number: \_\_\_\_\_  
*International students please contact Camosun International to obtain an application package. Telephone: 250-370-3682 or 250-370-4812.*

DATE OF BIRTH MM / DD / YYYY GENDER  Male  Female SOCIAL INSURANCE NUMBER (optional\*) \_\_\_\_\_  
\*Providing your SIN helps us to ensure the accuracy and completeness of your transcript and your tuition tax receipt.

## CURRENT MAILING ADDRESS

NUMBER/STREET \_\_\_\_\_ CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

BUSINESS TELEPHONE NUMBER \_\_\_\_\_ Local/Ext. # \_\_\_\_\_  
Your email address is required so that we may communicate important information to you.

## EMERGENCY CONTACT

CONTACT NAME \_\_\_\_\_ CONTACT PHONE NUMBER \_\_\_\_\_  
 \_\_\_\_\_ Local/Ext. # \_\_\_\_\_

## 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)

What has been your **main activity** during the previous year?  
 Attending high school  Attending college  Attending university  Attending another educational institution  
 Working  Other

My **primary reason** for attending Camosun College is: (*indicate only one*)  
 To complete an associate degree, diploma, or certificate  To improve existing job skills  
 To complete a Camosun College bachelor degree  To decide on a career or change careers  
 To prepare to transfer to another institution  To improve basic skills (upgrading)  
 To qualify to enter another program  Personal interest/self-development  
 To learn new job skills  Other

## PROGRAM CHOICE

Please indicate your preferred start date next to the checkbox for each level you want to register in. If you do not specify a start date you will be registered in the next available seat. If your preferred section is full, you will be waitlisted for that section and registered in the next available section.

	Year 1	Year 2	Year 3	Year 4
Automotive Service Technician	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
Carpenter	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
Construction Craft Worker	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY		
Professional Cook	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	
Diesel Engine Mechanic	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY		
Domestic / Commercial Gas Fitter	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY		
Electrician	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
Heavy Duty Equipment Technician	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
Joiner	<input type="checkbox"/> MM / DD / YY			
Metal Fabricator	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
Plumber	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
Sheet Metal Worker	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
Sprinkler Fitter	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
Steam/Pipe Fitter	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
Transport Trailer Technician	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY		
Truck & Transport Mechanic	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
Welder	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	

## 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 that comprises 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. 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.

- I, the applicant, declare that all information contained on this application for admission is true and complete and no information has been withheld to the best of my knowledge.
- I agree to abide by the rules, regulations and policies of Camosun College.
- I understand the application fee is non-refundable, is required from all applicants to a program and the application will not be processed until this fee is received.
- 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 \$41.00 is due with this application.**

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

Sponsorship  
Sponsoring Agency Approval of Fees form (*attach*)

Cash (*in person*)

Debit (*in person*)

Visa     Mastercard     American Express     JCB

Card #: \_\_\_\_\_    Expiry MM / YY

Card verification value: \_\_\_\_\_

The CVV security code is typically 3 digits located on the back of Mastercard, Visa and JCB cards, and 4 digits on the front far right of American Express cards.

Name of card holder: \_\_\_\_\_