



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

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, 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 \$40.20 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: _____