



CELA (Camosun English Learning Adventures) Application Checklist

Camosun College
3100 Foul Bay Road
Victoria BC Canada V8P 5J2

Tel: +1-250-370-3681
Email: internationalapplications@camosun.ca
Web: www.camosun.ca/international

Application Form

Fill out the attached PDF application form. Type all information. **Print off application and sign it.**
The student's signature on the application **MUST** match the signature on the passport.

Confirm

- Student's current address, email address and phone number are on the application
- Student has signed the application the same way the passport has been signed

Supporting Documents

All documents submitted become the property of Camosun College and will not be returned.

- Scan of Passport
 - Front page (picture page)
 - Page showing address and signature
 - Study Permit (if applicable)
- Responsible Guardian Details (if applicable)
- [FOIPOP](#) form (if applicable)

Submit supporting documents in English.

Where appropriate, please provide English translations of all documents (transcripts and credentials) in English for all education completed above. Documents submitted become the property of Camosun College and will not be returned.

All documents should be emailed to
internationalapplications@camosun.ca

Thank you for submitting your application to Camosun College!

Our Admissions Team will contact you within 2 business days once the application has been received.

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Have you attended or applied to Camosun College before? <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICE USE ONLY
Camosun College Student Number C _____	

Program Choice

I am applying for:

Winter 2020: February 24 <input type="checkbox"/> 2 weeks	Summer 2020: July 6 <input type="checkbox"/> 4 weeks	Summer 2020: August 4 <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks	
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Do you have a Study Permit or any other Canadian government issued permit? No Yes (If yes, include photocopy of permit)

Personal Information

Family Name	Given Name(s)
Date of Birth (mm/dd/yy) ____/____/____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Citizenship	First Language

If you are age 16 to 18, please identify your responsible guardian who will be in Victoria during this program.

Name: _____ Phone: _____ Email: _____

Address: _____

Current Contact Information

Address		City
Province/District/State	Country	Postal Code
Phone	Email	

Consultant Information (if applicable)

Consultant Company Name	Consultant ID	Contact Name
Address		City
Province/District/State	Country	Postal/Zip Code
Phone	Email	

My consultant has permission to conduct student-related business on my behalf for the following length of time (mm/dd/yy) to ____/____/____

Student Signature _____

Education Background

Last High School Attended			
Institution Name		City, Province, Country	
From (month/year) ____/____ to (month/year) ____/____	Grade completed	P.E.N. # (BC High Schools only)	
Post-secondary Institution Attended			
Institution Name		City, Province, Country	
From (month/year) ____/____ to (month/year) ____/____	Certificates, Diplomas, Degrees Earned		

Other Credentials *(if applicable)*

ESL Credentials

IELTS TOEFL Pathway Certificate Other:

Additional Information

I require Homestay Yes No (If yes, please complete the homestay application on page 4)

How would you describe your level of English? Beginner Intermediate High Intermediate Advanced

You are required to have adequate medical insurance to enroll in CELA programs. Camosun International's medical insurance provider is [Guard.me](#). You have the option of purchasing Guard.me medical insurance for the duration of your CELA program.

I confirm that I have adequate medical insurance for the duration of my CELA program

I request Guard.me medical insurance for my CELA program. Guard.me insurance fees will be added to your final tuition balance

Do you have any allergies, medical conditions, health issues or disabilities? Yes No Please specify:

Emergency Contact Name

Relationship to you

Phone

Email

Applicant Declaration *(Please read the following before signing)*

1. I, the applicant, declare that all information contained on this application for admission is true and complete.
2. I agree to abide by the rules, regulations and policies of Camosun College and the CELA fee structure.
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.
4. I understand that photographs and/or videos will be taken during the CELA program. I agree to step outside of the frame if I do not wish to be photographed.

Signature of Applicant _____ Date _____

*For applicants under the age of 19: I am the parent or guardian of the applicant named above. I acknowledge that the applicant and I have read, understood and agree to be bound by the Application Declaration. I understand and agree that Camosun College will deal directly with the Applicant carrying out this agreement in accordance with its terms.

Signature of Parent/Guardian _____ Date: _____
(if applicant is under 19 years of age)

Privacy Notice

The personal information provided on your application form is collected under the authority of the section 41(1) of the Colleges and Institutes Act and pursuant to section 26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA), RSBC1996, c. 165, as amended. The information will be used for the purposes of: admission; registration; academic progress; notification of future courses; notification of test results; agent related business and operating other Camosun-related programs. Camosun collects, uses, retains and discloses information in accordance with FIPPA. Camosun may share and disclose personal information within the College to carry out its mandate and operations. Information, in aggregate form only, may also be used for research purposes and statistics.

Should you have any questions about the collection of information, please contact the International Director at +1-250-370-3681, international@camosun.ca, Camosun International: 3100 Foul Bay Rd., Victoria, BC, V8T 3H6

Permission to Release Information

If you wish to grant anyone access to your information, you will need to complete a [FOIPOP](#) form and indicate who is allowed access to your admission and registration information, this includes agents and emergency contact. If you do not wish anyone to have access to your information, then leave information blank. Permission can be changed by informing the International Office in writing anytime.