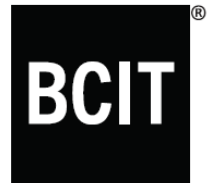




# APPLICATION FOR BRIDGE WATCH RATING-ENHANCED PROGRAM

E: BridgeWatchRating@camosun.ca



**Attention: The BWR-Enhanced Program is supported through Transport Canada as part of the Ocean Protection Plan. Applications will only be accepted from under represented groups (women and indigenous peoples).**

**Instructions:** 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved.

## COLLECTION AND USE OF PERSONAL INFORMATION

Personal information on this form is collected under the authority of College and Institute Act, RSBC, 1996, c. 52 and s. 26 of the Freedom of Information and Protection of Privacy Act, RSBC, 1996, c. 165 for admissions, enrolment, decisions on your academic status and other purposes related to you attending a public post-secondary institution in the Province of British Columbia and being a member of both Camosun College and BCIT. The information that you provide is used and disclosed for these purposes and only in accordance with the above legislation or as required by provincial or federal government authorities. If you have any privacy questions, please visit <http://camosun.ca/privacy-statement.html> or <https://www.bcit.ca/privacy/>

## PERSONAL INFORMATION

Fields marked with an asterisk (\*) are mandatory.

BCIT ID No.*	SIN (domestic students)*	Camosun ID No.*	Transport Canada Medical No.*	Birth Date (DD-MMM-YYYY)*
<b>AO</b>				
Legal First Name (given name)*		Middle Name	Legal Last Name (family name)*	
Preferred First Name		Previous Last Name (e.g. maiden name)	Gender* <input type="radio"/> Male <input type="radio"/> Female	

## CONTACT INFORMATION

Please provide at least one phone number\*

Mailing Address (number and street)*			Home Phone Number
City*	Province	Postal Code*	Mobile Phone Number
Country*	Personal (non-BCIT) Email Address*		

## EMERGENCY CONTACT INFORMATION

Emergency Contact Name	Relationship to Student	Emergency Contact Phone Number
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## CITIZENSHIP / LANGUAGE

## INDIGENOUS STATUS

Status in Canada* <input type="radio"/> Canadian citizen <input type="radio"/> Diplomatic or official visa <input type="radio"/> Live-in caregiver work permit <input type="radio"/> No status in Canada <input type="radio"/> Permanent resident <input type="radio"/> Refugee claimant <input type="radio"/> Refugee status <input type="radio"/> Refugee status with study permit <input type="radio"/> Study permit <input type="radio"/> Visitor status <input type="radio"/> Work permit	Country of Citizenship*	Do you identify yourself as an Indigenous person? <input type="radio"/> Yes <input type="radio"/> No
	Country of Birth*	Band Affiliation
	Is English your primary language?* <input type="radio"/> Yes <input type="radio"/> No	Please send me information on services available to Indigenous students. <input type="radio"/> Yes <input type="radio"/> No

Please answer the following questions:

Rate your swimming skills: <input type="checkbox"/> Excellent <input type="checkbox"/> Pretty strong <input type="checkbox"/> Fair <input type="checkbox"/> None	Your relevant experience: <input type="checkbox"/> Enjoy canoeing and kayaking <input type="checkbox"/> Summers spent in recreational boats <input type="checkbox"/> Worked on small fishing or other boats <input type="checkbox"/> Participated with Sea Cadets <input type="checkbox"/> Other	Perfect career would be: <input type="checkbox"/> Deckhand on a tug or barge <input type="checkbox"/> Commercial fishing or sport fishing <input type="checkbox"/> Deckhand on a ferry or coastal freighter <input type="checkbox"/> Recreational marine guide or water taxi <input type="checkbox"/> Deep sea cruise ship or freighter <input type="checkbox"/> Other
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**CONSENT TO RELEASE PERSONAL INFORMATION**

Camosun College and BCIT (the "Institutes") share access to you records pertaining to the Transport Canada Bridge Watch Rating initiative. Please sign this consent if you want another person, family member, employer or agency to have access to your Camosun admissions, registration and/or academic history. I authorize the Institute to release my personal information concerning admissions, registration and/or academic history to the person(s) or agency listed below for the period starting from today until the completion of my studies at the Institutes.

Name(s)/Organization	Relationship to you*	
Applicant Signature*	Date (DD-MMM-YYYY)*	

**PLEASE READ CAREFULLY BEFORE SIGNING. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS**

I agree that this application, my relationship with the Institutes, any disputes arising there from, will be governed by and construed in accordance with the laws of British Columbia and laws of Canada applicable in British Columbia, that the British Columbia courts will have exclusive and preferential jurisdiction over any complaint, demand, claim, proceeding or cause of action arising out of this application or my relationship with the Institutes, and that, if I commence such proceedings, I will do so only in British Columbia, and will submit to the exclusive and preferential jurisdiction of British Columbia.

I hereby declare that the information I submitted on this application is true and correct. Completion of this signed application authorizes the Institutes to request information necessary to support my application for admission. I understand the Institutes have the right to cancel this application if the information contained it has been misrepresented. If I am admitted to the Institutes, I agree to abide by their policies and regulations; Camosun Student Conduct Policy: [http:// camosun.ca/about/policies/education-academic/e-2-student-services-and-support/e-2.5.pdf](http://camosun.ca/about/policies/education-academic/e-2-student-services-and-support/e-2.5.pdf) and BCIT Student Conduct Policy: <https://www.bcit.ca/files/pdf/policies/5102.pdf>

Applicant Signature*	Date (DD-MMM-YYYY)*
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**OFFICE USE ONLY**

Entrance Requirements <b>Admissions is not required to check entrance requirements</b>	Application Fee Received <b>N/A</b>	Camosun ID Searched
Program of Interest [Program Name]	Program Dates	
	From	To