BLUE QUILLS COLLEGE TRADES CENTER

APPLICATION FOR ADMISSION

Camp Life Training Program

Name_____
First Middle Last

Date of Birth (d/m/y) _____/_____/_____ **Sex: Male/Female** **S.I.N. #:** _____-_____-_____

Address_____ **City** _____ **Prov.**_____ **Postal Code** _____-_____

House Location _____ **Alberta Health Care #**_____

Driver's License: Y or N **Learners: Y or N** **E-mail** _____

Telephone _____ **Cell** _____ **Message** _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Common-law ☐ Other _____ **Maiden Name:**_____

Name of Spouse_____ **Spouse Phone #** _____ **Spouse Work #** _____

Contact Person in Case of Emergency: _____ **Contact Phone #:** _____

Status: ☐ **Treaty** ☐ **Non-Status** ☐ **Metis** ☐ **Other Band Name** _____ **Treaty #** _____

Blue Quills College Program - Program/Name _____

Alberta Employment and Immigration Office – Location _____

First Nations Funder Contact Info Name/Program: _____ _____

Metis Settlements Funder Contact Info Name/Program: _____

Training Center: _____ Other: _____

Valid Safety Tickets info – Include Expiry Date

First Aid/CPR_____ CSTS_____

H2S Alive_____ WHIMIS_____

TDG_____ Food Safe_____

Combined Space_____ Bear & Cougar Awareness_____

Accepted: **Yes or No**

If Yes, Training Date (start/end):_____

If No, explain_____

_____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION IS CAUSE FOR REFUSAL OF ADMISSION OR DISMISSAL. NOTE: APPLICATIONS CANNOT BE PROCESSED UNTIL ALL OFFICIAL TRANSCRIPTS, CERTIFICATES, AND APPLICATION FEE ARE RECEIVED.
DID YOU ANSWER ALL THE QUESTIONS TO THE BEST OF YOUR KNOWLEDGE BEFORE SIGNING THIS APPLICATION FORM?

Signature:_____ **Date**:_____

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