



Interurban Campus
4461 Interurban Rd.
Victoria BC V9E 2C1

250-370-3550
1-877-554-7555 (Toll-free)
apprentice@camosun.ca

Have you applied to or attended Camosun College before?

No Yes. Please provide your Camosun College Student Number:

ITA# REQUIRED

APPRENTICE

PERSONAL INFORMATION

LEGAL LAST NAME		FORMER LAST NAME (if applicable)	
LEGAL FIRST NAME	PREFERRED NAME (if applicable)	MIDDLE NAME(S) <i>Check if you have none</i>	
CITIZENSHIP STATUS <input type="checkbox"/> Canadian			
If you are not a citizen of Canada, please select your official status in Canada (documentation required):			
<input type="checkbox"/> Permanent Resident/Landed Immigrant, document number: _____			
<input type="checkbox"/> Other Visa or Permit, specify and provide document number : _____			
<input type="checkbox"/> Refugee / Convention Refugee, document number: _____			
<input type="checkbox"/> Live In Care Giver, document number: _____			
<i>International students please contact Camosun International to obtain an application package. Telephone: 250-370-3682 or 250-370-4812.</i>			

DATE OF BIRTH	GENDER Woman Man Non-binary Prefer not to answer	SOCIAL INSURANCE NUMBER (optional*)	*Providing your SIN helps us to ensure the accuracy and completeness of your transcript and your tuition tax receipt.
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CURRENT MAILING ADDRESS

NUMBER/STREET	CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE NUMBER	CELL PHONE NUMBER	BUSINESS TELEPHONE NUMBER	
EMAIL ADDRESS (required)			

EMERGENCY CONTACT

CONTACT NAME	CONTACT PHONE NUMBER
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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 **Indigenous** 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: If you require additional academic supports, in the classroom or during exams, due to learning/psychological/physical related barriers, please contact the Centre for Accessible Learning to discuss in more detail. www.camosun.ca/services/accessible-learning/

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.

PROGRAM	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Automotive Service Technician				
Carpenter				
Construction Craft Worker (permission required)				
Professional Cook				
Diesel Engine Mechanic				
Domestic / Commercial Gas Fitter				
Electrician				
Heavy Duty Equipment Technician				
Metal Fabricator				
Plumber				
Professional Cook				
Refrigeration & A/C Mechanic				
Sheet Metal Worker				
Sprinkler Fitter				
Steam/Pipe Fitter				
Transport Trailer Technician				
Truck & Transport Mechanic				
Welder				

PERMISSION TO RELEASE INFORMATION & AUTHORIZATION TO ACT ON MY BEHALF

The Freedom of Information and Protection of Privacy Act provides that the College may not release information pertaining to student records to any other person without the student's consent. Further, the College does not normally allow any person other than the student to conduct student related business with the College on behalf of the student. If you want any other person to have access to your student records and/or to conduct student related business on your behalf you must complete the form with the following authorization:

The following Sponsor(s): Company (Employer) / Agency / Union / Individual(s) :

PLEASE PRINT NAMES CLEARLY

has/have permission (check applicable boxes) to: access my student records and/or conduct student related business

For the following date range enter month/year or specific dates and/or until I revoke permission in writing:

Start: _____ **End:** _____ (you may leave end date blank).

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. 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.

1. 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.
2. I agree to abide by the rules, regulations and policies of Camosun College.
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 or prejudice.

Signature of Applicant _____ **Date:** _____