

June 5th to August 25th (12 Weeks)

Registration Form

Last Name: _____

First Name: _____

Second Name: _____

Previous Last Name (if applicable): _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone (home): _____

Cell Phone: _____

Email: _____

Date of Birth (YY/MM/DD): _____

Please check:

How did you hear about the program: Friendship Centre ___ Friend ___ Family ___ Flyer ___
 Information Session ___ Facebook ___ Email ___ Employment Office ___ OW Worker ___
 Other: _____

Aboriginal Descent

- First Nation (please specify community) _____
 Status Non-Status
- Metis Inuit

Do you have a valid driver's license? Yes No

Do you have access to a vehicle? Yes No

Transportation to workshops: Own car ___ Get a ride ___ City Bus ___ Walk ___

Are you currently employed? Yes -- Full-time ___ Part-time ___
 No

Are you currently an Ontario Works client? Yes No

Career Goal: _____

Do you have a secondary school diploma? Yes No

If no, what was the highest grade you completed? _____

Have you attended any post-secondary institution? Yes No /

If yes, College University

What program(s) did you take? _____

In the future, would you like to attend other post-secondary training? Yes No

If yes, what program? _____



Aboriginal Women in Trades



Sponsorship Information (Please check any items that apply to you.)

I am currently receiving benefits from Ontario Works WSIB
 Service Canada (EI) ODSP
 Band Sponsored (Please specify)

Other (please specify)

Name of Case Manager (if applicable)

PLEASE NOTE: *If you are receiving benefits from Ontario Works, WSIB, or Service Canada (EI), or any other sponsoring agency, and you are offered a seat in the Aboriginal Women in Trades Program, your sponsoring agency must approve your participation in the Program prior to the start-date.*

In case of an emergency, whom can we contact?

Name: _____ Phone: _____

Relationship to you: _____

Consent to Disclosure

I certify that the above information is true and complete. I understand that any false or incomplete information may invalidate my application. I have read the Freedom of Information and Privacy Protection statement below. I authorize my previous educational institutions and/or the Ministry of Education to release my academic information and school record to the above mentioned college. I also authorize the release of this information to the Ministry of Training, Colleges and Universities. I authorize Canadore College to disclose academic information as required to sponsoring agencies or other adult education providers.

Applicant's Name (please print) _____

Applicant's Signature _____ Date _____

Freedom of Information and Protection of Individual Privacy

The personal information on this application is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1990,c.M.19,s.5 and Regulation 770, R.R.O.1990,s.8. The information is used for the administration and statistical purposes of the College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. If you have any questions regarding the collection and use of this personal information, please contact the Registrar of the College.

For further information contact:

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