



# Program Application Form

## Seabird College & Adult Education

2812 Chowat Road PO Box 650 Agassiz, BC V0M 1A0

P: 604-796-6839 F: 604-796-3729 Email: [collegerecept@seabirdisland.ca](mailto:collegerecept@seabirdisland.ca)

Website: [www.seabirdcollege.ca](http://www.seabirdcollege.ca)

### INSTRUCTIONS:

- Please fill out this form completely and make sure to sign and date it. Any items that are not applicable, please mark with an N/A. If you have any questions on how to complete this form, please contact our Administration Office or email: [collegerecept@seabirdisland.ca](mailto:collegerecept@seabirdisland.ca) **Incomplete applications will not be accepted.**
- Please attached the following documents with your application (*a&b only required for our Adult Dogwood Program unless required by the program you are applying for*):
  - Proof of Residency (BC Care Card, BC ID Card, BC Driver's License or current utility bill)
  - Proof of Citizenship (passport, birth certificate or permanent resident card)
  - High School Transcript and any Post-Secondary Transcripts (if applicable)
    - Visit <https://www2.gov.bc.ca/gov/content/education-training/k-12/support/transcripts-and-certificates> to order your high school transcript.
- Drop off your completed application form at our Administration office or email to: [collegerecept@seabirdisland.ca](mailto:collegerecept@seabirdisland.ca)

### REGISTRATION:

Program Name	Start Date

### PERSONAL INFORMATION:

Have you previously registered at Seabird College? <input type="checkbox"/> Yes <input type="checkbox"/> No	Seabird College Student #:
SIN #:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> non-Binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other
Legal First Name:	Resident of BC: <input type="checkbox"/> Yes <input type="checkbox"/> No
Middle Name:	Citizenship: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident
Legal Last Name	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married/equivalent <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Previous Last Name: (e.g., maiden name)	
Preferred First Name:	# of Dependents: _____ <input type="checkbox"/> N/A
Birthdate:	Child Care <input type="checkbox"/> N/A <input type="checkbox"/> FNICCI Funded: <input type="checkbox"/> No funding received <input type="checkbox"/> No space available

### CONTACT INFORMATION:

Primary Phone #:	Email Address: (Consent to Email <input type="checkbox"/> Yes <input type="checkbox"/> No)
Alternate Phone#:	Transportation Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*if yes, please fill out the transportation application form</i>
Home Address:	Mailing Address (if different):
Street/PO Box:	Street/PO Box:
City:	City:
Postal Code:	Postal Code:

EMERGENCY CONTACT:	
First Name:	Last Name:
Phone #:	Relationship to you:
INDIGENOUS INFORMATION:	
Indigenous Group:	<input type="checkbox"/> N/A <input type="checkbox"/> Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit
Band registered to:	Status #:
Reserve Status:	<input type="checkbox"/> Off Reserve <input type="checkbox"/> On Reserve: _____ Name of First Nation

MEDICAL INFORMATION:	
Do you have a serious medical condition: <input type="checkbox"/> Yes (please indicate below) <input type="checkbox"/> No	Do you take any medication: <input type="checkbox"/> Yes (please indicate below) <input type="checkbox"/> No
Care Card Number:	

VOLUNTARY DISCLOSURE:	
Is there any barrier that you foresee that could prevent you from completing this program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
Do you have exceptional needs? <input type="checkbox"/> Yes ( <input type="checkbox"/> Physical _____ <input type="checkbox"/> Mental _____ <input type="checkbox"/> Other _____) <input type="checkbox"/> No	

HIGH SCHOOL EDUCATION:			
PEN # (Personal Education #)	High School Name:	Province:	Highest Grade Completed:
Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No		Graduation Date (if applicable):	
Highest Level of Education:	<input type="checkbox"/> No formal education <input type="checkbox"/> Less than High School <input type="checkbox"/> Secondary School Diploma or GED <input type="checkbox"/> Adult Dogwood	<input type="checkbox"/> School Completion Certificate (Evergreen) <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> Apprenticeship or trades certificate/diploma <input type="checkbox"/> College certificate/diploma	<input type="checkbox"/> University certificate/diploma <input type="checkbox"/> University – Bachelor’s Degree <input type="checkbox"/> University – Master’s Degree <input type="checkbox"/> University - Doctorate

DECLARATION:	
I hereby authorize Seabird College & Adult Education Programs to collect, use and disclose this information to Employment and Social Development Canada, Indigenous Services Canada, Ministry of Social Development and Poverty Reduction, Minister of Employment Workforce Development and Disability Inclusion, Seabird Island Band and other _____, for the purposes of registration, confirmation of attendance and sponsorship/funding requirements. I authorize the publishing of my photograph in any and/or all the Seabird College & Adult Education Programs media. Media may be in the form of a brochure, newsletter, annual report, or power point presentation.	
Student Signature:	Date:
Parent/Guardian Signature (required if under 18yrs):	Date:

HOW DID YOU HEAR ABOUT US? (Please check all that apply)	
<input type="checkbox"/> Brochure <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

Office Use Only		<input type="checkbox"/> Transcript received	<input type="checkbox"/> Reg entered by DAdmin
Date Application Received:	Initials:	<input type="checkbox"/> Verified ID	Initials:
Application Accepted:	<input type="checkbox"/> Yes <input type="checkbox"/> No *if No, Reason: <input type="checkbox"/> Application incomplete <input type="checkbox"/> Does not meet pre-reqs <input type="checkbox"/> Missing documentation		
Method of Payment:			
<input type="checkbox"/> Funded _____	<input type="checkbox"/> Nominal Roll/1601	<input type="checkbox"/> Band _____	
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit/Debit Card	



# Funding Participant Information Form

## Seabird College & Adult Education

### INFORMATION

Funding for this project has been provided by Canada. Canada needs this information along with the College application information to:

1. Measure the results of the project and evaluate the project's success
2. Evaluate more generally, the success of the program in achieving its objective; and
3. Meet its obligation of accountability to Parliament and the Canadian public for the operation of the program by reporting on the results of the program and its success in achieving its objective

The information, when provided to Canada, is administered in accordance with the Privacy Act (R.S.C., 1985, c.P-21) and the Department of Employment and Social Development Canada Act (S.C. 2005, c. 34) and that they have a right under the Access to Information Act (R.S.C., 1985, c. A-1) to obtain access to that information from Canada.

### REGISTRATION INFORMATION:

Program Name	Start Date	End Date

### PARTICIPANT INFORMATION:

First Name:	Last Name:
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### INCOME ASSISTANT INFORMATION:

**Income Assistance Recipient:**  Yes  No

If yes, please provide Office Location & Workers Name: \_\_\_\_\_

\*If you are in receipt of IA, you understand that your attendance and other relevant information will be shared with your IA Office. **Initial:** \_\_\_\_\_

**Have you collected Employment Insurance (EI) in the last 3 years:**  Yes  No

Employment Insurance Claimant (currently receiving EI)

Reach-Back Client/Former Client (have you received EI in the last 36 months or maternity/paternity benefits in the last 5 years)

Non-Insured Client

### EMPLOYMENT HISTORY:

Are you currently?  Employed  Unemployed  Self-Employed  Student

**If you are employed, are you working:**

Part time  Full time  Casual  On call  Seasonal

Position:

**Barriers to Gaining Employment:** (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Remoteness	<input type="checkbox"/> Dependent care
<input type="checkbox"/> Lack of labour force attachment	<input type="checkbox"/> Language	<input type="checkbox"/> Lack of marketable skills
<input type="checkbox"/> Lack of work experience	<input type="checkbox"/> Education	<input type="checkbox"/> Physical, emotional, or mental health
<input type="checkbox"/> Lack of transportation	<input type="checkbox"/> Economic	<input type="checkbox"/> Other barrier(s) not listed: _____

**Childcare required for Action Plan:**  Yes  No

### DECLARATION:

I hereby authorize Seabird College & Adult Education to collect, use and disclose this information to the Minister of Employment, Workforce Development and Disability for the purposes listed above.

<b>Student Signature:</b>	<b>Date:</b>
<b>Parent/Guardian Signature</b> (required if under 18yrs):	<b>Date:</b>

### Office Use Only

Entered in ARMS **Date:**



# Transportation Application Form

## Seabird College & Adult Education

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Website: [www.seabirdcollege.ca](http://www.seabirdcollege.ca)

### PERSONAL INFORMATION:

First Name

Last Name

### CONTACT INFORMATION:

Pickup/Drop off Address (number and street)

City

Contact Number

Email Address

**Program Name:**

**Program Start Date:**

**Program End Date:**

**Program Start Time:**

**Program End Time:**

**Days of the Week Transportation is Required (check all that apply):**

Monday

Tuesday

Wednesday

Thursday

Friday

***\*By submitting this application, I agree to only submitting a request for transportation of a single individual (myself) and understand that family members, or any other associating party will not have the ability to access these transportation services.***

***\*I understand that it is my responsibility to inform Seabird College Drivers by 4pm the day before if I foresee that I will not require transportation. Failure to do so will result in loss of transportation privileges for the following day.***

**Student Signature:**

**Date:** (MMM-DD-YYYY)

**College Representative Signature:**

**Date:** (MMM-DD-YYYY)

### Office Use Only

Form Received:

MMM

DD

YYYY

Initials:

Driver Assigned:

Copy to Driver:

MMM

DD

YYYY

Initials: