



Seabird College
EDUCATION FOR REAL LIFE



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

COLLEGE PROGRAM APPLICATION FORM

INSTRUCTIONS:

1. 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 **Incomplete applications will not be accepted.**
2. 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):
 - a. Proof of Residency (BC Care Card, BC ID Card, BC Driver's License or current utility bill)
 - b. Proof of Citizenship (passport, birth certificate or permanent resident card)
 - c. High School Transcript and any Post-Secondary Transcripts (if applicable)
 - a. Visit <https://www2.gov.bc.ca/gov/content/education-training/k-12/support/transcripts-and-certificates> to order your high school transcript.
3. Drop off your completed application form at our Administration office or email to: collegerecept@seabirdisland.ca

REGISTRATION

Program Name: _____ Start Date: _____

PERSONAL INFORMATION

Have you previously registered at Seabird College?

Yes No

SIN #: _____

Legal First Name: _____

Middle Name: _____

Legal Last Name: _____

Previous Last Name:
(e.g, Maiden Name) _____

Preferred First Name: _____

Birthdate: _____

Seabird College Student #: _____

Gender: Male Female Non-Binary

Prefer not to answer Other

Resident of BC: Yes No

Citizenship: Canadian Citizen

Permanent Resident

Marital Staus: Single Married/equivalent

Seperated Divorced Widowed

of Dependents: _____ N/A



CONTACT INFORMATION

Primary Phone #: _____ Email Address: _____

 (Consent to Email) Yes No

Alternate Phone #: _____ Transportation Needed: Yes No

**if yes, please fill out the transportaion application form*

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: N/A Status Non-Status Metis Inuit
 Band Registered to: _____ Status #: _____
 Reserve Status: Off Reserve
 On Reserve _____
 Name of First Nation

MEDICAL INFORMATION:

Do you have a serious medical condition: _____ Do you take any medication: _____
 Yes (please indicate below) No Yes (please indicate below) No

 Care Card Number: _____

VOLUNTARY DISCLOSURE:

Is there any barrier that you foresee that could prevent you from completing this program? Yes No
 If yes, please explain:

Do you have exceptional needs? Yes (Physical _____ Mental _____ Other _____) No



HIGH SCHOOL EDUCATION:

PEN# _____ High School Name: _____ Province: _____ Highest Grade Completed: _____
 (Personal Education #) _____

Graduated: Yes No Graduated Date (if applicable): _____

Highest Level of Education:	No formal education	Apprenticeship or Trades Certificate/Diploma
	Less than High School	College Certificate/Diploma
	Secondary School Diploma or GED	University Certificate/Diploma
	Adult Dogwood	University - Bachelor's Degree
	School Completion Certificate (Evergreen)	University - Master's Degree
Some Post-Secondary	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)

Brochure Newspaper Website Facebook Friend
 Other _____

OFFICE USE ONLY

Date application received: _____ Transcript received _____ Reg entered by DAdmin _____

Application Accepted: Yes No *if no, Reason: _____ Verified ID _____ Initials _____

Application incomplete Does not meet pre-reqs Missing documents

Other _____

Method of Payment

Funded	Nominal Roll/1601	Band
Cash	Cheque	Credit/Debit Card





FUNDING PARTICIPANT INFORMATION FORM

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: _____

INCOME ASSISTANT INFORMATION:

Income Assistance Recipient: Yes No

If yes, please provide Office Location & Worker Name: _____

*If you are in receipt of IA, you understand that your attendance and other relevant information will be shared with your AI 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)

None	Remoteness	Dependant care
Lack of labour force attachment	Language	Lack of marketable skills
Lack of work experience	Education	Physical, emotional, or mental health
Lack of transportation	Economic	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.

Student Signature: _____ Date: _____

Parent/Guardian Signature (required if under 18yrs): _____ Date: _____

OFFICE USE ONLY

Entered in ARMS Date: _____

