



**Seabird College**  
EDUCATION FOR REAL LIFE



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

## COLLEGE PROGRAM APPLICATION FORM

### 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? Yes No SIN #: \_\_\_\_\_

Legal First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Previous Last Name: \_\_\_\_\_  
(e.g, Maiden Name)

Preferred First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### CONTACT INFORMATION

Primary Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**(Consent to Email)** Yes No

Alternate Phone #: \_\_\_\_\_ Transportation Needed: Yes No  
*\*if yes, please fill out the transportation application form*

Home Address: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_

Street/PO Box: \_\_\_\_\_ Street/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_



Seabird College Student #: \_\_\_\_\_

Gender: Male      Female      Non-Binary      Prefer not to answer      Other

Resident of BC: Yes      No

Citizenship: Canadian Citizen      Permanent Resident

Marital Status: Single      Married/equivalent      Separated      Divorced      Widowed

# of Dependents: \_\_\_\_\_ N/A

**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:

Yes (please indicate below)      No

Do you take any medication:

Yes (please indicate below)      No

Care Card Number: \_\_\_\_\_

**VOLUNTARY DISCLOSURE:**

Are there any barriers/disabilities that you foresee that could prevent you from completing this program? Yes      No

Physical \_\_\_\_\_ Mental \_\_\_\_\_ Other \_\_\_\_\_

If yes, please explain:



### HIGH SCHOOL EDUCATION:

PEN# \_\_\_\_\_ Last High School Attended: \_\_\_\_\_ 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                    |  |

### POST-SECONDARY EDUCATION:

|                        |       |          |            |   |
|------------------------|-------|----------|------------|---|
| University or College: | Year: | Program: | Completed: | Degree, Diploma, or Certificate received: |
| _____                  | _____ | _____    | Yes No     | _____                                     |
| _____                  | _____ | _____    | Yes No     | _____                                     |
| _____                  | _____ | _____    | Yes No     | _____                                     |

### 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 and, Seabird Island Band 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 Employment  
 Other \_\_\_\_\_

### OFFICE USE ONLY

Reg entered by DAdmin

Date application received: \_\_\_\_\_ Initials: \_\_\_\_\_ ID \_\_\_\_\_ Transcript: Yes No N/A

Application Accepted: Yes No \*if no, Reason:

Application incomplete Does not meet pre-reqs Missing documents

Other \_\_\_\_\_

Method of Payment

Funded \_\_\_\_\_ Nominal Roll/1601 Fee Payer (needs to be invoiced)





## 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

**Job Title:** \_\_\_\_\_

**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: \_\_\_\_\_

