



Seabird College
EDUCATION FOR REAL LIFE



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

COLLEGE PROGRAM APPLICATION FORM

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 Self-Identify Metis Inuit
 Band Registered to: _____ Status #: _____
 Reserve Status: Off Reserve
 On Reserve _____
 Name of First Nation _____

VOLUNTARY DISCLOSURE:

Are there any barriers/disabilities that you foresee that could prevent you from completing this program?

Yes No

Physical _____ Mental _____ Other _____

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	_____

CAREER GOALS

What are your short-term career goals (within 5 years after completion)?

What are your long-term career aspirations?

Are there specific careers or job titles you are currently interested in? 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

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)



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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

Company Name: _____ **Job Title:** _____

Barriers to Gaining Employment: (Check all that apply)

None

Lack of labour force attachment

Lack of work experience

Lack of transportation

Remoteness

Language

Education

Economic

Dependant care

Lack of marketable skills

Physical, emotional, or mental health

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:



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CONSENT FOR THE RELEASE OF INFORMATION

PERSONAL INFORMATION

Legal First Name: _____

Middle Name: _____

Legal Last Name: _____

Email Address: _____

Seabird College Student #: _____

Birthdate: _____

I authorize Seabird College & Adult Education to release information pertaining to my academic record including registration, attendance, grades, academic status and billing/funding to the following:

Institution: _____

Employment Agency: _____

Band: _____

Other: _____

Student records are confidential and are not released without the written consent of the student, unless otherwise required by law. Your signature on this form allows your academic record to be issued to the recipient specified.

Student Signature: _____ Date: _____

OFFICE USE ONLY

Form received by (Initials): _____ Date: _____