



Interurban Campus
4461 Interurban Rd.
Victoria BC V9E 2C1

250-370-3550
1-877-554-7555 (Toll-free)
apprentice@camosun.ca

Have you applied to or attended Camosun College before?

No Yes. Please provide your Camosun College Student Number:

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APPRENTICE

PERSONAL INFORMATION

| | |
|-----------------|----------------------------------|
| LEGAL LAST NAME | FORMER LAST NAME (if applicable) |
|-----------------|----------------------------------|

| | | |
|------------------|--------------------------------|---------------------------------------|
| LEGAL FIRST NAME | PREFERRED NAME (if applicable) | MIDDLE NAME(S) Check if you have none |
|------------------|--------------------------------|---------------------------------------|

CITIZENSHIP STATUS Canadian
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Permanent Resident/Landed Immigrant, document number: _____
 Other Visa or Permit, specify and provide document number : _____
 Refugee / Convention Refugee, document number: _____
 Live In Care Giver, document number: _____

International students please contact Camosun International to obtain an application package. Telephone: 250-370-3682 or 250-370-4812.

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|---------------|--|--|---|
| DATE OF BIRTH | GENDER : R P D Q 1 R Q E L Q D U \ 0 D Q 3 U H I H U Q R W | SOCIAL INSURANCE NUMBER (optional*) W R D Q V Z H U | *Providing your SIN helps us to ensure the accuracy and completeness of your transcript and your tuition tax receipt. |
|---------------|--|--|---|

CURRENT MAILING ADDRESS

| | | | |
|---------------|------|----------|-------------|
| NUMBER/STREET | CITY | PROVINCE | POSTAL CODE |
|---------------|------|----------|-------------|

| | | |
|-----------------------|-------------------|---------------------------|
| HOME TELEPHONE NUMBER | CELL PHONE NUMBER | BUSINESS TELEPHONE NUMBER |
|-----------------------|-------------------|---------------------------|

EMAIL ADDRESS (required)

EMERGENCY CONTACT

| | |
|--------------|----------------------|
| CONTACT NAME | CONTACT PHONE NUMBER |
|--------------|----------------------|

VOLUNTARY DISCLOSURE

By completing this section, you indicate you understand that you may be contacted by the school, based on the information you provide.

Are you of Indigenous D Q F H V W U \ ") L U V W 1 D W L F Q V H V W L R R U , Q X L W
 If Yes, are you First Nations Status First Nations Non-Status Inuit Metis

Do you require additional support services due to a disability? Yes No

Note: If you require additional academic supports, in the classroom or during exams, due to learning/psychological/physical related barriers, please contact the Centre for Accessible Learning to discuss in more detail. www.camosun.ca/services/accessible-learning/

PROGRAM CHOICE

Please indicate your preferred start date next to the checkbox for each level you want to register in. If you do not specify a start date you will be registered in the next available seat. If your preferred section is full, you will be waitlisted for that section and registered in the next available section.

PERMISSION TO RELEASE INFORMATION & AUTHORIZATION TO ACT ON MY BEHALF

DECLARATION

The personal information on this form and other personal information which forms part of your student record is collected under the legal authority of the Access to Information Act, [RSC 1985] c.30, the Access to Information Act, [RSBC 1996] c.52, and the Freedom of Information and Protection of Privacy Act [RSBC1996] c. 165 . The information is used for administrative and statistical research purposes of the College and/or the ministries or agencies of the Government of British Columbia.