

Skills Training Programs

Application Form



Program

Program Location

Program Start Date (DD/MM/YYYY)

Personal Information

Last Name

First and Middle Name(s)

Former Last Name(s)

Nickname

Gender

Date of Birth (DD/MM/YYYY)

Saskatchewan Health Number

Social Insurance Number

Canadian Residency Status (citizen, permanent/temporary resident)

English is My First Language

I am a First Generation Student ¹

¹ This is a student whose parent(s) or guardian(s) have not attended a post-secondary institution. If your sibling(s) attended a post-secondary institution, but your parents or guardians have not, you are still considered a First Generation student.

Financial Information

Name of Sponsoring Agency

Sponsoring Agency Address

Contact Name & Phone Number

FOR OFFICE USE ONLY

Date Application Received (DD/MM/YYYY)

Cash Debit Card American Express MasterCard Visa

\$90.00 Application Fee Paid?

Contact Information

Email Address

Mobile Number

Telephone Number

Mailing Address

Apt. Number, Street, Box Number

City or Town

Province/State

Postal Code/Zip Code

Country

Emergency Contact

Contact Name

Contact Phone Number

Relation to You

Fee Payer Sponsoring Agency

Authorization Number

Authorized Initials

Expiry Date:

Education

High School Education (List the name of the most recent high school attended and the academic grade level achieved)

Name of School City Province (Country if outside of Canada) Academic Level Achieved

Post-Secondary Education (List the name(s) of all Post Secondary Institution(s) attended and any credentials received)

Name of School City Province (Country if outside of Canada) Academic Level Achieved

Transcripts Enclosed with this Application Transcripts ordered

Voluntary Information/Declaration

Ancestry

Metis Non-Status Status/Treaty Indian Inuit ——— OR ——— Member of a Visible Minority

Band Name

Persons with Disabilities

Definition: a condition that restricts your ability to perform daily activities necessary to participate fully in post-secondary studies.

Please note that if you do have a disability and you do not declare it, it may significantly harm your chances of academic success.

I wish to declare that I am a person with a disability

If yes, what is the nature of the disability?

Physical Psychological Learning

Additional Information

Indicate main activity for the last 12 months

Working Full-time School Unemployed/looking Maternity Leave Stay at Home Parent

Other

How did you find out about the program?

Career Fair College Staff College Student/Alumni Employer
 Friends/Family High School Advisor/Teacher Internet Search/Website Newspaper
 Parkland College Event Radio Social Media

Other

Email Consent

Yes No

A new email anti-spam law came into effect on July 1, 2014 in Canada and we need your consent:

I hereby consent to Parkland College sending me program related information, notifications, invitations and etc. via email, text or other electronic means. I understand that I can change my email preferences and unsubscribe from receiving such materials at any time.

Declaration

I hereby certify that all the information on this application is true and complete. I understand that false information may invalidate my application and result in cancellation of my admission or status as a registered student. If admitted, I agree to abide by the rules and regulations of the College, including the payment of my fees.

Date (DD/MM/YYYY)

Signature