

Campbell River Campus
1685 South Dogwood Street
Campbell River, BC V9W 8C1
T: 250.923-9700 F: 250.923-9703

NIC STUDENT NUMBER			TRADES WORKER ID #		
LEGAL LAST NAME	FIRST NAME	MIDDLE NAME	BIRTH DATE (YYYY/MM/DD)		
MAILING ADDRESS		CITY	PROVINCE	POSTAL CODE	
PHONE: HOME	PHONE: BUSINESS	EMAIL ADDRESS			

INDICATE APPRENTICESHIP LEVEL, START TERM and DATES

CARPENTRY

- Level 1
- Level 2
- Level 3
- Level 4

TERM

DATES

ELECTRICAL

- Level 1
- Level 2
- Level 3
- Level 4

TERM

DATES

HEAVY DUTY MECHANICS

- Level 1

TERM

DATES

MILLWRIGHT

- Level 1
- Level 2
- Level 3
- Level 4

TERM

DATES

PLUMBING

- Level 1
- Level 2
- Level 3
- Level 4

TERM

DATES

WELDING

- Level I (C-1st Term)
- Level II (C-2nd Term)
- Level III (B)
- Level IV (A)

TERM

DATES

DECLARATION PLEASE READ THE FOLLOWING BEFORE SIGNING:

I declare that the information I have submitted on the application is true and correct. Falsifying any document or information submitted will result in the immediate cancellation of admission or registration at the College.

I understand that this information, along with subsequent information, is collected under the authority of the College and Institute Act. This information will be protected and used in compliance with the BC Freedom of Information and Protection of Privacy Act for the purpose of admission, registration, research, and other purposes consistent with the mandate of the institution.

SIGNATURE: _____

DATE: _____

For Office Use Only

Received By: _____

Date and Time Received: _____