



Campbell River Campus
 1685 South Dogwood Street
 Campbell River, BC V9W 8C1
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| | | | | |
|-----------------|-----------------|--------------------|-------------------------|-------------|
| | | 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

If applying for Level 2, 3 or 4, have you successfully completed all the previous levels of technical training? Yes No

| | | |
|--|-------------|--------------|
| CARPENTRY | TERM | DATES |
| <input type="checkbox"/> Level 1 | _____ | _____ |
| <input type="checkbox"/> Level 2 | _____ | _____ |
| <input type="checkbox"/> Level 3 | _____ | _____ |
| <input type="checkbox"/> Level 4 | _____ | _____ |
| COOK | TERM | DATES |
| <input type="checkbox"/> Level 1 | _____ | _____ |
| <input type="checkbox"/> Level 2 | _____ | _____ |
| <input type="checkbox"/> Level 3 | _____ | _____ |
| ELECTRICAL | TERM | DATES |
| <input type="checkbox"/> Level 1 | _____ | _____ |
| <input type="checkbox"/> Level 2 | _____ | _____ |
| <input type="checkbox"/> Level 3 | _____ | _____ |
| <input type="checkbox"/> Level 4 | _____ | _____ |
| HEAVY DUTY MECHANICS | TERM | DATES |
| <input type="checkbox"/> Level 1 | _____ | _____ |
| PLUMBING | TERM | DATES |
| <input type="checkbox"/> Level 1 | _____ | _____ |
| <input type="checkbox"/> Level 2 | _____ | _____ |
| <input type="checkbox"/> Level 3 | _____ | _____ |
| <input type="checkbox"/> Level 4 | _____ | _____ |
| WELDING | TERM | DATES |
| <input type="checkbox"/> Level I (C-1 st Term) | _____ | _____ |
| <input type="checkbox"/> Level II (C-2 nd Term) | _____ | _____ |
| <input type="checkbox"/> Level III (B) | _____ | _____ |
| <input type="checkbox"/> Level IV (A) | _____ | _____ |

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: _____