NORTH ISLAND COLLEGE

CONTINUING EDUCATION
Application & Registration Form

Personal Information

Have you ever attended North Island College? ◯ Yes ◯ No If yes, NIC student #: _____

Legal last name: _____ First name: _____ Middle name: _____

Former last name, if applicable: _____ Preferred first name: _____

Mailing address: _____ City: _____

Province: _____ Country: _____ Postal code: _____

Home phone: _____ Other phone: _____ Email address: _____

Birthdate: _____ Gender: ◯ M ◯ F

Emergency contact name: _____ Home phone: _____ Other phone: _____

◯ Canadian Citizen ◯ Permanent Resident If permanent resident, country of origin:

◯ International student If international student, country of origin: _____

Course Selection(s)

Please provide or indicate preferred location

Course code: WFO-FT Course name: Wildfire Crew Member Training - Campbell River Start date (mm/dd/yyyy): Feb28-Mar29

Course code: WFO-FT Course name: Wildfire Crew Member Training - Prince George Start date (mm/dd/yyyy): Feb 28-Apr 1

Course code: _____ Course name: _____ Start date (mm/dd/yyyy): _____

For Sponsored Students Only

Sponsoring organization/company: _____ PO #: _____

I hereby authorize the release of all academic records relating to my admission or education to the sponsoring agency.

Student signature: _____ Date: _____

Voluntary Disclosure

Do you identify yourself as an Indigenous person? ◯ Yes ◯ No If so, are you: ◯ First Nations ◯ Métis ◯ Inuit

Do you have a disability/medical condition? ◯ Yes ◯ No NIC will provide you with information about receiving support services

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 and section 26 of the Freedom of Information and Protection of Privacy Act (FOIPPA). Information collected will be used for the purposes of: admissions, registration, grade notification, income tax receipts, research, awards, alumni contact, special events and other activities consistent with the mandate of the institution. NIC collects, uses, retains and discloses information within the College to carry out its mandate and operations in accordance to Policy 1-01 Freedom of Information and Protection of Privacy. Should you have any questions about the collection of information please contact the FIPPA Analyst located at 2300 Ryan Road, Courtenay, BC, V9N 8N6, or email foipp@nic.bc.ca

Student signature: _____ Date: _____

Payment Options

- **ONLINE**: Visit www.nic.bc.ca/continuing-education and click Register for Continuing Education Courses
- **MAIL**: Mail completed registration form to Student Services with payment by cheque with full fees. No post-dated cheques are accepted. To help prevent credit card fraud DO NOT write your credit card information anywhere on this form.
- **EMAIL**: Save this completed form before sending (otherwise it will be blank). Email the completed form to NIC Comox Valley Continuing Education: CETinfo-cv@nic.bc.ca. A staff member from the Continuing Education department will contact you to take payment when the registration is processed.

Questions? Please call 1-800-715-0914

NORTH ISLAND COLLEGE

Wildfire Crew Member Training

Feb 28 - Mar 29, 2022 Campbell River &
Feb 28 - Apr 1, 2022 Prince George
TO DETERMINE ELIGIBILITY (PLEASE CHECK *ALL* OF WHICH APPLIES TO YOU):

UNEMPLOYED:

- ☐ EI Recipient* **Must obtain approval prior to attending training.*
- ☐ Income Assistance*
- ☐ Other, please specify: _____

EMPLOYED:

- ☐ Full time (30+ hours/week) in a seasonal, casual or part-time position
- ☐ Part-time (<20 hours/week)
- ☐ Either full time or part time but not utilizing your education and/or experience in your current job

ADDITIONAL INFORMATION (CHECK ALL THAT APPLY):

- ☐ High school graduation
- ☐ At least 19 years of age
- ☐ Canadian citizen or permanent resident
- ☐ Student Visa
- ☐ Legally entitled to work in Canada
- ☐ Currently living in British Columbia
- ☐ A student attending post-secondary training, If so, please circle your student status below:
  - Full-time or Part-time (circle correct one)
- ☐ At the time the training is to take place, not participating in another provincially or federally funded labour market program.

Name:_____

Phone Number: _____

Email Address: _____

Signature:_____

Date: _____

If eligibility requirements have been met you will be contacted to set up a required interview prior to acceptance into the program.

For additional information and eligibility requirements contact:
Sandy Rose, 250-923-9728, sandra.rose@nic.bc.ca

Canada BRITISH COLUMBIA

Funding provided by the Government of Canada through the Canada-British Columbia Workforce Development Agreement.