



Student Application Emergency Services Training

APPLICATION DETAILS

Complete in Ink – Please Print Legibly

Program Name: Firefighter Professional Qualifications Training

Program Date:

PERSONAL INFORMATION

Last Name
First and Middle Names
Former Last Name(s) (if applicable)
Nickname (if applicable)
E-mail
Emergency Contact Name

Address

Apt. Number, Street, Box Number	
City or Town	
Province/State	
Postal Code/Zip code	Country
Phone Number	Cell Phone Number
Emergency Contact Phone Number	Relation to You

Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth ___/___/___ D M Year	If not a Canadian Citizen indicate date of citizenship or arrival in Canada.
Saskatchewan Health Number	Social Insurance Number	SIAS Student Number

FINANCIAL INFORMATION

Student loan Fee Payer Sponsoring Agency

Name of Sponsoring Agency: _____

Sponsoring Agency Address: _____

Contact Name & Phone Number: _____
(Sponsorship letter will be required when your funding is approved)

Please complete the following section to pay application fee of **\$150.00** by: Visa MasterCard

Cardholder Name as printed on credit card	Signature of Cardholder
Credit Card Number	Expiry Date & Security Code # (3 digit number of back of card) Exp. / Code # ___ ___ ___

FOR OFFICE USE ONLY

Date Application Received _____ Initial _____

\$150.00 Application Fee Paid? Receipt # _____

Cash Cheque Debit Card Visa MasterCard Exp. ___/___

Please print clearly. Complete both sides of this application, sign and date prior to submitting.

Mail completed application to:

Parkland College
200 Prystai Way
Yorkton, SK
S3N 4G4

Or drop off at any College office.

Questions? 1-866-783-6766
Fax: 1-306-786-7866

*Faxed transcripts can be used to determine eligibility. Originals MUST be submitted for registration purposes.

EDUCATION

NOTE: ORIGINAL High School transcripts must be retained in student's file if prior education is a pre-requisite for admission. Post-secondary transcripts may also be required. High School transcripts can be ordered through the Ministry of 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

Did you enclose original transcripts with this application? Yes No Have you ordered transcripts? Yes No

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

LANGUAGE

Is English your first language? Yes No (If No, proof of English proficiency is required.)

Are you a Permanent Resident? Yes No

EDUCATION EQUITY **Completion of this section is Voluntary and Confidential**

Parkland Regional College has an education equity procedure to improve access to programs for all segments of our population.

Aboriginal Ancestry

Parkland Regional College reserves a number of seats in each program for persons of Aboriginal ancestry. To qualify for one of these seats or other services provided for persons of Aboriginal ancestry, you will need to check one of the following boxes:

- Metis Non-Status Status/Treaty Indian Inuit

Persons with Disabilities

Parkland Regional College reserves a number of seats in each program for persons with permanent disabilities. To qualify for consideration for one of these seats or to be eligible for necessary accommodations to assist you with your studies, you will need to check the following box:

- I have a permanent disability

Note: A confidential meeting with a College staff member to verify documentation of your disability and to discuss necessary accommodations is required before your application is considered fully processed.

Visibility Minority

- I am a member of a visibility minority

ADDITIONAL INFORMATION

Indicate main activity for the last 12 months:

- Working Full-time School Unemployed/looking Other _____

How did you find out about this program?

- | | | |
|---|--|---|
| <input type="checkbox"/> Career Days | <input type="checkbox"/> College Staff | <input type="checkbox"/> Word of Mouth (CanSask Office, employer, etc.) |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Friends/Relatives | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> High School Presentation | <input type="checkbox"/> Internet/Website | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Program Information Sheets | <input type="checkbox"/> Trade Show | <input type="checkbox"/> Other _____ |

EMAIL CONSENT

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

I hereby consent to Parkland College sending me program related information, notifications, invitations and etc. via e-mail, text or other electronic means. I understand that I can change my email preferences and unsubscribe from receiving such materials at any time. No

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

Signature

When completed and signed, this document is confidential.