



**APPLICATION FOR ADMISSION EAL**

UCI/ICU # \_\_\_\_\_

<b>Program/Course Name</b> <i>English as an Additional Language</i>	<b>Location:</b>	<b>Preferred Time</b> <input type="checkbox"/> Days <input type="checkbox"/> Evenings
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**PLEASE PRINT CLEARLY**

<b>PERSONAL</b>	Family Name / Surname		First Name	Other Names Used
	Address (Mailing)		City/Province	Postal Code
	Email Address		Cellular Telephone	Home Telephone
	Date of Birth (DD-MMM-YYYY)	Date of Arrival in Canada	1 <sup>st</sup> Language	Country of Birth
	Emergency Contact - Name		Emergency Contact - Phone Number	

**COPY OF GOVERNMENT DOCUMENTATION ATTACHED** or  **RETURNING STUDENT**

<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee Status	<input type="checkbox"/> Temporary Work Visa <input type="checkbox"/> Other (type) _____ (see Coordinator)
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<p>1. Do you have Special Learning Needs? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>2. Do you feel comfortable taking classes online? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Yes, With Assistance</p> <p>3. Support Services <b>Required</b> to Participate in Language Training: <input type="checkbox"/>Care for Newcomer Children <input type="checkbox"/>Provisions for Disabilities <input type="checkbox"/>Transportation</p> <p>4. Primary Objective for Seeking Language Training at this time? <input type="checkbox"/>Find Employment <input type="checkbox"/>Get an Education <input type="checkbox"/>Participate in Canadian Society <input type="checkbox"/>Acquire Citizenship</p>	<p>5. Previous English <input type="checkbox"/>In Canada: How Many Years? _____ <input type="checkbox"/>Before coming to Canada? How Many Years? _____ <input type="checkbox"/>None</p> <p>6. Previous Education <input type="checkbox"/>Elementary <input type="checkbox"/>High School <input type="checkbox"/>Post-Secondary Total Years? _____</p> <p>7. Employment Status <input type="checkbox"/>Part-Time <input type="checkbox"/>Full-Time <input type="checkbox"/>Unemployed Current Employer? _____</p> <p>8. Were you referred? <input type="checkbox"/>No <input type="checkbox"/>Yes, By Whom? <input type="checkbox"/>Friend/Family <input type="checkbox"/>Employer/Co-Worker <input type="checkbox"/>Canadian Agency (e.g. BIRC) <input type="checkbox"/>Other? _____</p>
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**(OPTIONAL) Permanent Residents / Refugee Status only** (Translation available) : **Consent for Future Research** - By signing below, the client is agreeing to allow Citizenship and Immigration Canada (CIC) to contact him/her in the future regarding his/her settlement and language progress. The client's information will not be shared by any third party.

<b>Applicant's Signature</b> _____ <b>X</b>	<b>Date</b> _____
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**(MANDATORY) Waiver:** I hereby certify that all the information on this registration is true and complete. Further, I understand that this information is collected under the legal authority of the Regional College Act (1988) and the Freedom of Information and Protection of Privacy Act. The information is used for administrative and statistical purposes by North West College and/or Ministries and Agencies of the Saskatchewan Government and the Government of Canada, including the issuance of the Saskatchewan Graduate Tax Credit. If you have any questions about the collection or use of this information, please contact the College Registrar.

<b>Applicant's Signature (MANDATORY)</b> _____ <b>X</b>	<b>Date</b> _____
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