North West College

2018-2019

Battlefords Campus Phone 306-937-5100 Fax: 306-445-1575

Meadow Lake Campus Phone 306-234-5100 Fax: 306-236-7630

APPLICATION FOR ADMISSION EAL

Location

Program/Course Name
English as an Additional Language

Preferred Time
☐ Days 9AM-Noon ☐ Evenings 6PM–9PM ☐ Online

PLEASE PRINT CLEARLY

PERSONAL

Family Name/Surname	**First Name**	**Other Names**	**Gender:** ☐ Male ☐ Female
Address (Mailing)		**City/Province**	**Postal Code**
Email Address		**Cellular Telephone**	**Home Telephone**
Date of Birth	**Date of Arrival (In Canada)**	**1st Language**	**Country of Birth**
Emergency Contact – Name		**Emergency Contact – Phone Number**	

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

☐ Permanent Resident ☐ Temporary Work Visa ☐ Canadian Citizen ☐ Other _____
☐ Refugee status at entry of Canada

UCI/ICU #

1. Do you have Special Learning Needs?
   ☐ Yes ☐ No

2. Do you feel comfortable taking classes online?
   ☐ Yes ☐ No ☐ Yes, With Assistance

3. Do You need support services to Participate in Language Training:
   ☐ None
   ☐ Care for Newcomer Children___# under 12
   ☐ Provisions for Disabilities
   ☐ Transportation

4. Primary Objective for Seeking Language Training at this time?
   ☐ Find Employment
   ☐ Get an Education
   ☐ Participate in Canadian Society
   ☐ Acquire Citizenship

5. Previous English
   ☐ None
   ☐ In Canada: How Many Years? _____
   ☐ Before coming to Canada?
   How Many Years? _____

6. Previous Education
   ☐ Elementary0-6 years ☐ High School7-12 years
   ☐ College ☐ University
   Total Years? _____

7. Employment Status
   ☐ Part-Time ☐ Full-Time ☐ Unemployed
   Current Employer? _____

8. Were you referred?
   ☐ No ☐ Yes, By Whom? ☐ Friend/Family
   ☐ Employer/Co-Worker
   ☐ Canadian Agency (e.g. BIRC)
   ☐ Other?_____

***(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 Local Authority 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 Privacy Head at North West College.

Applicant's Signature *(MANDATORY)* _____ X **Date** _____

(OPTIONAL)

☐ Disability: participation restrictions such as a physical impairment or learning limitation.

☐ Visible Minority: refers to whether a person belongs to a visible minority group. The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour". The visible minority population consists mainly of the following groups: South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean, Japanese.

(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.

Applicant's Signature *(OPTIONAL)* _____ X **Date** _____