



APPLICATION FOR ADMISSION EAL **Location**

Program/Course Name English as an Additional Language	Preferred Time <input type="checkbox"/> Days 9AM-Noon <input type="checkbox"/> Evenings 6PM-9PM <input type="checkbox"/> Online
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PLEASE PRINT CLEARLY

PERSONAL	Family Name/Surname	First Name	Other Names	Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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 _____
 UCI/ICU # Refugee status at entry of Canada

<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. Do You need support services to Participate in Language Training: <input type="checkbox"/> None <input type="checkbox"/> Care for Newcomer Children ___# under 12 <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"/> None <input type="checkbox"/> In Canada: How Many Years? _____ <input type="checkbox"/> Before coming to Canada? How Many Years? _____</p> <p>6. Previous Education <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Other _____ 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. How did you hear about us? <input type="checkbox"/> Friend/Family <input type="checkbox"/> Radio/Newspaper <input type="checkbox"/> Work <input type="checkbox"/> Internet/Website <input type="checkbox"/> Canadian Agency (e.g. BIRC) <input type="checkbox"/> Library <input type="checkbox"/> Other?</p>
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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 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 _____
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(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 _____
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