

Battlefords Campus Meadow Lake Campus Phone: 306-937-5100 Fax: 306-445-1575 Phone: 306-234-5100 Fax: 306-236-7630

<b>APP</b>	LICATION FO	OR ADMISSION								
	Program/Course Name			Location			Start date			
				<u> </u>						
PERSONAL	Last Name			First and Middle Names		Other Names Used				
	Home Mailing Address			City/Province			Postal Code			
	Email Address			Cellular Telephone		Home Telephone				
	Date of Birth (DD-MMM-YYYY) Other Prefer Not to Report			Social Insurance Number						
	Emergency Contact – Name			Emergency Contact – Phone Number						
EDUCATION	Name of School			Highest grade completed/Diploma				Year		
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	Name of Sponsor	ing Agency	ent to Release Inf	ormat	tion					
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DI				derstand that by signing this form, information may be released to						
FUNDING	The S			Sponsoring Agency.						
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Z.		ill only be used for Band Affiliation								
DUCATION EQUITY	statistical purposes:			□ Non Chabus						
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PERSONS WITH DISABILITIES  If you are a person with a permanent disability, please check the box below. This allows you to access reasonable accommodations to assist with your studies.   I have a permanent disability  *Note − Please book an appointment with NWC − Learning and Wellness Services (LWS) to discuss documentation of your disability; accommodations for your studies will be addressed at this appointment.										
I hereby certify that all the information I submit to the College 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 Retention Program (GRP) Tax Credit. If you have any questions about the collection or use of this information, please contact the Privacy Head at NWC.										
Applicant's Signature					Dat	e				
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	ation fee received	LY DATE		INITIALS	) Stat	tus of Application	1.			
Receipt #										



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# **Enrollment Form**

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TRAINING	SIS#	DATES	TIMES	TUITION
FIRST AID				
☐ First Aid / CPR Level C- NB			8:00 am - 5:00 pm	\$196.00
☐ First Aid / CPR Recertification - NB			8:00 am - 5:00 pm	\$168.00
☐ First Aid / CPR Level C - ML			8:30 am - 5:00 pm	\$196.00
☐ First Aid / CPR Recertification - ML			8:30 am - 12:00 pm	\$168.00
SAFETY TRAINING				
☐ Global Ground Disturbance			8:00 am - 4:30 pm	\$179.00
□ ESC H2S Alive			8:00 am - 4:30 pm	\$179.00
☐ ESC Fall Protection			8:00 am - 4:30 pm	\$191.00
☐ ESC Confined Space E & M			8:00 am - 4:30 pm	\$191.00
☐ Other:				
□ Other:				
<b>Z</b>				
ONLINE TRAINING				
☐ TDG – Online			Self-directed	\$50.00
☐ Safe Food Handling – Online			Self-directed	\$90.00
□ WHMIS - Online			Self-directed	\$50.00
☐ Other:				

# Refund Policy: To be eligible for full refund, 3 day notice required. Please see below Refund Policy Guidelines:

- Cancelling from a course three or more days prior to the class commencing will receive a full refund.
- Cancelling from a course within three days of the class commencing will receive a full refund less \$25.
- Cancelling from a course after the start date but prior to one-third of the scheduled hours delivered will receive a refund of ½ of the course fees.

Non-attendance is not considered a cancellation. Sponsors will be invoiced accordingly.

## COVID-19 Updates:

Effective March 1, 2022 North West College will be adopting a "MASK-FRIENDLY" approach.

This means that all staff, students, and visitors to our campus facilities will not be required to wear a mask. Rather, it will now be an individual's choice as to whether or not they wear a mask.

Stay at home if you feel ill.

### **Tobacco Policy:**

Smoking, or other tobacco use, is not permitted anywhere on campus including the grounds and parking lots.

#### Location:

See Front Desk for classroom/training location.