

Application for Zero Emissions Vehicle Technology & Services Admission and Registration

This program application is for Zero Emissions Vehicle Technology & Service Associate Certificate
A non-refundable processing fee of \$30 must be paid at time of application.

Have you previously attended College of the Rockies? Yes No If YES, Student Number (if known)

PERSONAL INFORMATION

<p>First Name <input style="width: 90%;" type="text"/> <small>Legal</small></p> <p>Middle Name <input style="width: 90%;" type="text"/> <small>Legal</small></p> <p>Date of Birth YYYY <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> MM <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> DD <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p>	<p>Last Name <input style="width: 90%;" type="text"/> <small>Legal</small></p> <p>Former Last Name <input style="width: 90%;" type="text"/> <small>Legal</small></p> <p>Chosen Name <input style="width: 90%;" type="text"/> <small>Optional</small></p> <p>Social Insurance Number* <input style="width: 90%;" type="text"/></p>
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*Required for all students eligible to receive a Tuition and Enrolment Certificate (T2202) under the authority of the Income Tax Act. Submitting your SIN does not automatically qualify you for a T2202 certificate. See cotr.bc.ca/student-services/registrar/t2202-tuition-and-enrolment-certificate for more information.

Address <input style="width: 95%;" type="text"/>	City/Town <input style="width: 95%;" type="text"/>	Province <input style="width: 95%;" type="text"/>
Postal Code <input style="width: 100px;" type="text"/>	Email <input style="width: 300px;" type="text"/>	Phone <input style="width: 150px;" type="text"/>

EMERGENCY CONTACT

Name **Phone**

PROGRAM Zero Emissions Vehicle Technology & Service Program Information: [Zero Emissions Vehicle Technology & Service](#)

Admission Requirements: Red Seal Automotive Service Technician OR have completed level 3 Automotive Service Technician Apprenticeship Program.

GENDER IDENTITY

<p>Woman <input type="checkbox"/></p> <p><small>People whose current gender is woman. This includes cisgender and transgender people who are women.</small></p>	<p>Man <input type="checkbox"/></p> <p><small>People whose current gender is man. This includes cisgender and transgender people who are men.</small></p>	<p>Non-Binary Gender <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/></p> <p><small>People whose current gender is not exclusively a woman or man. This includes people who do not have one gender, have no gender, are gender fluid, or are Two-Spirit.</small></p>
<p>WOULD YOU SAY YOU ARE</p> <p>Cisgender <input type="checkbox"/></p> <p><small>People whose sex assigned at birth is the same as their gender.</small></p>	<p>Transgender <input type="checkbox"/></p> <p><small>People whose sex assigned at birth is different from their gender.</small></p>	<p>Prefer Not to Answer <input type="checkbox"/></p>

VOLUNTARY DECLARATION

Do you identify yourself as an Aboriginal person of Canada?
 Yes No

If yes, check all that apply:

First Nations Metis Inuit Status Non-Status

CITIZENSHIP STATUS

Canadian: Yes No

If NO, what is your country of citizenship: _____

- | | |
|---|---|
| <input type="checkbox"/> Permanent Resident | <input type="checkbox"/> Minister's Permit |
| <input type="checkbox"/> Diplomat | <input type="checkbox"/> Live-in Caregiver |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Refugee (status granted) |

PRIMARY LANGUAGE

- English French Mandarin Spanish Hindi
- Other: _____

APPRENTICE HISTORY

Post Secondary Institution Attended City Province

From (year) To (year)

Did you graduate? Yes No

SkilledTradesBC ID# _____ Current Employer _____

FOR STUDENTS WITH DISABILITIES

To support you more effectively during your studies at College of the Rockies, please notify the Accessibilities Coordinator in Student Services who will then contact you regarding your particular needs. All information received is confidential.

Please contact: (250) 489-8243 or 1-877-489-2687 x3243

VOLUNTARY SELF-DISCLOSURE

If you wish to authorize someone to act on your behalf with respect to application status, registration, financial information/activities, transcripts, or graduation, please submit the *Voluntary Self-Disclosure form* to Enrolment Services.

The form can be downloaded from: <https://cotr.bc.ca/wp-content/uploads/Apprenticeship-Voluntary-Self-Disclosure-fillable-reader.pdf>

CONSENT FOR INFORMATION DISCLOSURE AND DECLARATION OF APPLICANT

I hereby declare that the information I have submitted in this application for admission is true and correct to the best of my knowledge. Completion and submission of this application permits College of the Rockies to request and/or confirm any information necessary to support my application for admission. The submission of any false statements or documents can result in the cancellation of my admission or registration status. I understand that submission of this application in no way guarantees admission to a program or course, and that admission is subject to meeting program or course prerequisites and space availability. No decision on my eligibility for admission will be made until the application fee and all the required documents have been submitted. I agree to abide by the established rules and regulations of the College including those of the department and program in which I shall be registered, and any changes which may be made while I am a student at College of the Rockies.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

In submitting this application, I understand that the personal information on this form is collected under the authority of the College and Institute Act. I understand the information collected on this application is consistent to the Freedom of Information and Protection of Privacy Act and will be used confidentially for purposes of admission, registration, student support services, research, alumni relations, administration of the Student Association fees and other purposes consistent with the mandate of the College. In providing the College with an email address, I acknowledge that the College may send confidential information about me to this address. Any questions I have concerning the collection and use of this information should be directed to the Registrar's Office.

- I give my consent to disclose my information per the above declaration.
- I hereby certify that the information provided in this application is true, accurate and complete.

Signature of Applicant _____ Date _____