

Application for Registration: Birth Doula Studies

Continuing Education & Contract Training

WHAT IS YOUR PREFERRED INTAKE DATE:

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

First Name **Last Name** **Middle Name**

Former Last Name **SIN** **DOB** YYYY MM DD

Address **City/Town** **Province**

Postal Code **Email** **Phone**

EMERGENCY CONTACT

Name **Phone**

GENDER IDENTITY

Woman

People whose current gender is woman. This includes cisgender and transgender people who are women.

Man

People whose current gender is man. This includes cisgender and transgender people who are men.

Non-Binary Gender

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.

Prefer Not to Answer

People whose gender is not known at the time of data collection. It may or may not get updated at a later point in time.

WOULD YOU SAY YOU ARE

Cisgender

People whose sex assigned at birth is the same as their gender.

Transgender

People whose sex assigned at birth is different from their gender.

Prefer Not to Answer

VOLUNTEER DISCLOSURE

Aboriginal Status: 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 origin:

Permanent Resident International Student
Work Visa Live-in Caregiver
Other: Refugee

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.

Applicant's Initials

_____ (initial here in lieu of signature)

Date
