

## Application for Registration: Special Event Planning

Continuing Education & Contract Training

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

A

**PERSONAL DATA**

**First Name** 
**Last Name**   
**Middle Name** 
**Former Last Name**   
**Date of Birth**    YYYY  MM  DD 
**Social Insurance Number**   
**Gender**     Female  Male

**CONTACT**

**Address** 
**City/Town**   
**Province** 
**Postal Code**   
**Email** 
**Phone**

**EMERGENCY CONTACT**

**Name** 
**Phone**

**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:* \_\_\_\_\_

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

B

C

D

**INTAKE**

**Please type your preferred intake date:**

E

**RELEASE OF INFORMATION:**

If you wish to authorize someone to act on your behalf with respect to application status, registration, financial information/activities, transcripts or graduation, please complete the Student Information Release Authorization (available from the Registrar's office or online).

F

**DECLARATION**

**Freedom of Information/Protection of Privacy**

The College of the Rockies complies with the Freedom of Information/Protection of Privacy legislation of the Province of British Columbia. Information collected on this form is used in the normal course of College operations in accordance with this legislation.

**Please read the following before signing:**

I declare that the information contained in this form is to the best of my knowledge, complete and correct. I hereby agree to comply with the rules and regulations of the College.

**Applicant's Initials**

\_\_\_\_\_ (initial here in lieu of signature)

**Date**

\_\_\_\_\_