

# Application for Registration: Special Event Planning

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**     **Man**     **Non-Binary Gender**     **Prefer Not to Answer/Unknown**

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

**WOULD YOU SAY YOU ARE**

**Cisgender**     **Transgender**     **Prefer Not to Answer/Unknown**

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

**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

**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).

**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**

\_\_\_\_\_