

Personal Information

First Name		Family Name/Surname	
Middle Name(s)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Other	Birthdate (Year, Month, Day)	
P.O. Box # or Street Mailing Address			
Town/City		Province	Postal Code
Primary Phone Number (xxx-xxx-xxxx)		Email Address	
Do you consider yourself a visible minority? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <i>The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour."</i>			
Emergency Contact <i>This person will be contacted if we cannot reach you by way of your other contact information.</i>			
Contact Name	Contact Primary Phone Number	Contact Email Address	
Education and Employment		Previous Education:	
Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed		<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> Post-Secondary	
Name of Employer _____		<input type="checkbox"/> Other _____	
Citizenship & Residency			
What is your citizenship status? <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant or Permanent Resident <input type="checkbox"/> Visitor Permit <input type="checkbox"/> Temporary Foreign Worker <input type="checkbox"/> Student Permit <input type="checkbox"/> Other			
What country did you immigrate from?		Arrival Date in Canada (year, month, day)	
Client ID Number (as shown on immigration documents)		Visa or Permit Expiry Date (year, month, day)	

Program and Language Information

Course Name	Course Location	Start Month and Year	Code																
What is your preference for Class? <input type="checkbox"/> Classroom Instruction <input type="checkbox"/> Online <input type="checkbox"/> Combination of Classroom and Online Instruction																			
What is your main reason for seeking English language training? (Choose one) <input type="checkbox"/> To find employment <input type="checkbox"/> To get an education <input type="checkbox"/> To participate in Canadian society <input type="checkbox"/> To acquire citizenship																			
Have you had English classes before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? <input type="checkbox"/> In Canada <input type="checkbox"/> Outside of Canada																			
What is your first language?	Have you had an English language assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know																		
How did you hear about this course? <table border="0"> <tr> <td><input type="checkbox"/> College Website</td> <td><input type="checkbox"/> Newspaper</td> <td><input type="checkbox"/> Career Fair or Tradeshow</td> <td><input type="checkbox"/> Employer or Co-Worker</td> </tr> <tr> <td><input type="checkbox"/> Social Media</td> <td><input type="checkbox"/> Poster</td> <td><input type="checkbox"/> School Presentation</td> <td><input type="checkbox"/> Family or Friend</td> </tr> <tr> <td><input type="checkbox"/> Program Guide or Pamphlet</td> <td><input type="checkbox"/> Electronic Sign</td> <td><input type="checkbox"/> Guidance Counsellor or Teacher</td> <td><input type="checkbox"/> College Staff or Instructor</td> </tr> <tr> <td><input type="checkbox"/> Radio or TV</td> <td><input type="checkbox"/> Letter, Postcard or Email</td> <td><input type="checkbox"/> Government or Non-Profit Agency</td> <td><input type="checkbox"/> Don't Remember</td> </tr> </table>				<input type="checkbox"/> College Website	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Career Fair or Tradeshow	<input type="checkbox"/> Employer or Co-Worker	<input type="checkbox"/> Social Media	<input type="checkbox"/> Poster	<input type="checkbox"/> School Presentation	<input type="checkbox"/> Family or Friend	<input type="checkbox"/> Program Guide or Pamphlet	<input type="checkbox"/> Electronic Sign	<input type="checkbox"/> Guidance Counsellor or Teacher	<input type="checkbox"/> College Staff or Instructor	<input type="checkbox"/> Radio or TV	<input type="checkbox"/> Letter, Postcard or Email	<input type="checkbox"/> Government or Non-Profit Agency	<input type="checkbox"/> Don't Remember
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Would you like to receive promotional information about Carlton Trail College's programs and events via email? <input type="checkbox"/> Yes <input type="checkbox"/> No																			

Authorization and Consents

The information on this form is collected under the legal authority of the Regional Colleges Act 1998 and the Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP). The information is used for administrative and statistical purposes by Carlton Trail College and/or Ministries and Agencies of the Saskatchewan Government and the Government of Canada. If you have any questions about the collection or use of this information, please contact the Carlton Trail College Privacy Officer at 1.800.667.2623.

Carlton Trail College reserves the right to revise or cancel programs and courses, revise policies and procedures, and alter tuition, fees and other charges as deemed necessary without notice.

By submitting this application form, I hereby acknowledge, authorize and consent to the following:

I consent to Carlton Trail College using and releasing my personal information to any person, agency, or government agency such as Immigration, Refugees and Citizenship Canada and the Ministry of Immigration and Career Training, as may be necessary to support my English language training and the funding and delivery of English language programming.

I agree to abide by the rules and regulations of Carlton Trail College, including adhering to program related attendance policies.

I hereby certify that all of the information provided is true and complete. I understand that false information may result in the cancellation of my status as a registered student.

_____ Name of Applicant	_____ Signature	_____ Date of Application
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