English Language Training (EAL)

www.carltontrailcollege.com 1.800.667.2623

Personal Information

First Name		Family Name/Surname
Middle Name(s)	Gender ☐ Male ☐ Female ☐ Non-binary	Birthdate (Year, Month, Day)
P.O. Box # or Street Mailing Address		
Town/City	Province	Postal Code
Primary Phone Number (xxx-xxx-xxxx)	Email Address	

Emergency Contact

This person will be contacted if we cannot reach you by way of your other contact information.

Contact Name	Contact Primary Phone Number	*Contact Email Address*

Do you consider yourself a visible minority? ☐ Yes ☐ No ☐ Prefer not to answer

The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour."

Education and Employment

Employment Status ☐ Full Time ☐ Part Time ☐ Unemployed

Name of Employer _____

Previous Education:

☐ Elementary ☐ High School ☐ Post-Secondary

☐ Other _____

Citizenship & Residency

What is your citizenship status? ☐ Canadian Citizen ☐ Landed Immigrant or Permanent Resident ☐ Visitor Permit ☐ Temporary Foreign Worker ☐ Student Permit ☐ 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 Information

Course	Location

What is your preference for Class?

☐ Classroom Instruction ☐ Online ☐ Combination of Classroom and Online Instruction

What is your main reason for seeking English language training? (Choose one)

☐ To find employment ☐ To get an education ☐ To participate in Canadian society ☐ To acquire citizenship

Have you had English classes before? ☐ Yes ☐ No If yes, where? ☐ In Canada ☐ Outside of Canada

What is your first language?	Have you had an English language assessment? ☐ Yes ☐ No ☐ I don't know

How did you hear about this course?

☐ College Website	☐ Newspaper	☐ Career Fair or Tradeshow	☐ Employer or Co-Worker
☐ Social Media	☐ Poster	☐ School Presentation	☐ Family or Friend
☐ Program Guide or Pamphlet	☐ Electronic Sign	☐ Guidance Counsellor or Teacher	☐ College Staff or Instructor
☐ Radio or TV	☐ Letter, Postcard or Email	☐ Government or Non-Profit Agency	☐ Don't Remember

Would you like to receive promotional information about Carlton Trail College's programs and events via email?

☐ Yes ☐ 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
_____	_____	_____