

*Please read carefully and complete all sections. Print clearly in ink.
Indicates required field.

What Course Are You Applying For?

Course Name*	Course Code _____ - _____
Type of Course (if known)	
Course Location	
Course Start Month and Year (if known)	

Complete Legal Name

First Name*	Last Name*
Middle Name(s)	Former Name(s)

Permanent Address

P.O. Box # or Street Mailing Address*		
Town/City*	Province*	Postal Code*
Primary Phone Number (xxx-xxx-xxxx)*		
Alternate Phone Number (xxx-xxx-xxxx)		
Email Address*		

Alternate Contact Information

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

Contact Name
Contact Relationship
Contact Primary Phone Number (xxx-xxx-xxxx)
Contact Alternate Phone Number (xxx-xxx-xxxx)

Personal Information

Your personal information is required for identification and statistical purposes.

Gender*	Birthdate (yyyy-mm-dd)*
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Citizenship & Residency

Please submit your Immigration Documents (originals) in person or by mail to your nearest Carlton Trail College office.

What is your citizenship status?*	
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant or Permanent Resident <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Student or Visitor Permit	
What country did you immigrate from?	
Immigration Document Client ID Number	
Arrival Date in Canada (yyyy-mm-dd)	Visa or Permit Expiry Date (yyyy-mm-dd)
Are you a Saskatchewan resident?*	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

English Proficiency

Please submit your English Proficiency Documents (originals) in person or by mail to your nearest Carlton Trail College office.

What is your first language?*
If English is not 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
If you have had an English language assessment, what type of assessment did you have?
<input type="checkbox"/> CAEL <input type="checkbox"/> CanTEST <input type="checkbox"/> CLB - A <input type="checkbox"/> CLBPT <input type="checkbox"/> IELTS <input type="checkbox"/> TOEFL <input type="checkbox"/> Other <input type="checkbox"/> I don't know
What was the date of your assessment? (mm/dd/yyyy)
What were your scores?
Listening _____ Speaking _____ Reading _____ Writing _____ Total Score (if applicable) _____
Have you had English classes before?*
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where?
Would you be comfortable taking English language classes online
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes with assistance

Employment

Are you presently employed?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where are you employed?

Aboriginal/Visible Minority Status

Completing this section is voluntary and is used for statistical and/or funding purposes.

Are you of Aboriginal ancestry?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
If yes, please indicate your status:
<input type="checkbox"/> First Nation (Treaty/Status Indian) <input type="checkbox"/> First Nation (Non-Status Indian) <input type="checkbox"/> Métis <input type="checkbox"/> Inuit
What is your Band affiliation?
Are you a visible minority?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

Program & Course Awareness

How did you **FIRST** become aware of **THIS** program or course? *

<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

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

Yes No

Primary Reason for Seeking English Language Training

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

Authorization & 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 the Economy, 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.

Please Submit...

*If you are not a Canadian citizen, your **Immigration Documents**.

*Documentation of any previous **English Language Assessments**.

Submit your documents (originals) in person to your nearest Carlton Trail College office, or by mail to:

Carlton Trail College
611-17th Street, PO Box 720
Humboldt, SK S0K 2A0

***Note: Faxed or photocopies of your documents are not accepted. Original documents must be seen and verified by authorized Carlton Trail College personnel.**

Signature

_____	_____	_____
Name of Applicant*	Signature*	Date of Application*

FOR OFFICE USE ONLY			
Date Received	Citizenship Documents Received	English Language Documents Received (if any)	Eligibility Decision
LINC/CIC	Provincial	ICare	Date Acceptance Sent
Prov. Report	OCSM	Edline	IRCC - Consent
Notes:			

HUMBOLDT (Head Office)

Carlton Trail College
Box 720 (611-17th Street)
HUMBOLDT, SK S0K 2A0

PH: 306.682.2623

WATROUS

Carlton Trail College
Box 459 (202A 6th Avenue East)
WATROUS, SK S0K 4T0

PH: 306.946.2094

WYNYARD

Carlton Trail College
Box 716 (400A Avenue D West)
WYNYARD, SK S0A 4T0

PH: 306.554.3767