



APPLICATION FOR APPRENTICE TRAINING HIGH SCHOOL PARTNERSHIP PROGRAM

SUBMIT THIS APPLICATION TO YOUR HIGH SCHOOL COUNSELLOR OR CAREER COORDINATOR.

Instructions: 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Print and sign, 7) Submit to your high school.

COLLECTION AND USE OF PERSONAL INFORMATION

Personal information on this form is collected under the authority of College and Institute Act, RSBC, 1996, c. 52 and s. 26 of the Freedom of Information and Protection of Privacy Act, RSBC, 1996, c. 165 for admissions, enrolment, decisions on your academic status and other purposes related to you attending a public post-secondary institution in the Province of British Columbia and being a member of the BCIT community including the BCIT Student Association, BCIT Alumni Association, and BCIT Foundation. The information that you provide is used and disclosed for these purposes and only in accordance with the above legislation or as required by provincial or federal government authorities. If you have any privacy questions, please visit bcit.ca/admission/contact-us/privacy/ or contact the Associate Director, Privacy; 3700 Willingdon Ave, Burnaby, BC V5G 3H2; tel: 604.432.8508; email: privacy@bcit.ca.

Please create a BCIT ID number before completing this application

Fields marked with an asterisk (*) are mandatory.

PERSONAL INFORMATION

Legal First Name (given name)*	Legal Last Name (family name)*
Your BCIT ID Number* A0	Birth Date (DD-MMM-YYYY)*

PROGRAM INFORMATION — Visit bcit.ca/apprenticeship/students/training for available training dates.

Trade/Program Name*			SkilledTradesBC Individual ID Number*
Level	Intake Number*	Start Date*	Campus/Site*
1			
2			
3			
4			

LEARNING SUPPORT INFORMATION – VOLUNTARY DISCLOSURE

Do you have an Individual Education Plan (IEP), a learning condition, or other disability for which you may require additional support services?

☐ Yes ☐ No

If Yes, your next step is to make an appointment with BCIT's Accessibility Services. Visit bcit.ca/accessibility or phone 604.451.6963.

PLEASE READ CAREFULLY BEFORE SIGNING. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS (MANDATORY)

I agree that this application, my relationship with BCIT, any disputes arising there from, will be governed by and construed in accordance with the laws of British Columbia and laws of Canada applicable in British Columbia, that the British Columbia courts will have exclusive and preferential jurisdiction over any complaint, demand, claim, proceeding or cause of action arising out of this application or my relationship with BCIT, and that, if I commence such proceedings, I will do so only in British Columbia, and will submit to the exclusive and preferential jurisdiction of British Columbia.

I hereby declare that the information I submitted on this application is true and correct. Completion of this signed application authorizes BCIT to request information necessary to support my application for admission. I understand that BCIT has a right to cancel this application if the information contained in it has been misrepresented. If I am admitted to BCIT, I agree to abide by its policies and regulations.

Signature*	Date*
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CONSENT TO RELEASE PERSONAL INFORMATION TO YOUR SCHOOL DISTRICT (MANDATORY)

Please sign this consent to allow your school district to have access to your BCIT admissions, registration and/or academic history. I authorize BCIT to release my personal information concerning admissions, registration and/or academic history to the school district listed below for the period starting from today until the completion of my studies at BCIT.

School District*	Signature*	Date (DD-MMM-YYYY)*
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CONSENT TO RELEASE PERSONAL INFORMATION (OPTIONAL)

Please sign this consent if you want another person, family member, employer or agency to have access to your BCIT admissions, registration and/or academic history. I authorize BCIT to release my personal information concerning admissions, registration and/or academic history to the person or agency listed below for the period starting from today until the completion of my studies at BCIT.

Name/Organization		
Relationship to you	Signature	Date (DD-MMM-YYYY)

TO BE COMPLETED BY SCHOOL DISTRICT

School District	School District Contact Person	
Mailing Address	Email Address	
City	Postal Code	Phone