



# APPRENTICE TRAINING REQUEST

## Apprentice Services

3700 Willingdon Avenue, Burnaby, BC V5G 3H2, SW1—First Floor

T 604.456.8100 • F 604.435.1197 • TF 1.800.667.0676 • W [bcit.ca/apprenticeship](http://bcit.ca/apprenticeship)

**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) Submit to BCIT by fax, mail or in person.

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/privacy](http://bcit.ca/admission/privacy) or contact the Associate Director, Privacy; 3700 Willingdon Ave, Burnaby, BC V5G 3H2; tel: 604.432.8508; email: [privacy@bcit.ca](mailto:privacy@bcit.ca).

### PERSONAL INFORMATION

Fields marked with an asterisk (\*) are mandatory.

Your BCIT Student Number <b>A0</b>	ITA ID Number*	Birth Date (DD-MMM-YYYY)*	Gender* <input type="radio"/> Male <input type="radio"/> Female
Legal First Name (given name)*	Middle Name	Legal Last Name (family name)*	Preferred First Name

### CONTACT INFORMATION

Please provide at least one phone number\*

Home Mailing Address (number and street)*		Home Phone Number	
City*	Province	Postal Code*	Mobile Phone Number
Country*	Personal (non-BCIT) Email Address*		
Emergency Contact Name	Relationship to Student	Emergency Contact Phone Number	

### CITIZENSHIP / LANGUAGE

Status in Canada*			
<input type="radio"/> Canadian Citizen	<input type="radio"/> Diplomatic or Official Visa	<input type="radio"/> Live-In Caregiver Work Permit	<input type="radio"/> No Status in Canada
<input type="radio"/> Permanent Resident	<input type="radio"/> Refugee Claimant	<input type="radio"/> Refugee Status	<input type="radio"/> Refugee Status with Study Permit
<input type="radio"/> Study Permit	<input type="radio"/> Visitor Status	<input type="radio"/> Work Permit	
Country of Citizenship*	Country of Birth*	Is English your primary language?*	
		<input type="radio"/> Yes <input type="radio"/> No	

### ABORIGINAL STATUS

Do you identify yourself as an Aboriginal person? <input type="radio"/> Yes <input type="radio"/> No	If you identify yourself as an Aboriginal person, are you (please check all that apply): <input type="radio"/> First Nations <input type="radio"/> Métis <input type="radio"/> Inuit	Please send me information on services available to Aboriginal students. <input type="radio"/> Yes <input type="radio"/> No
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### EMPLOYER INFORMATION

Company/Union Name*		Mailing Address*	
City*	Province*	Postal Code*	Phone Number*

### PROGRAM INFORMATION

Trade/Program Name*				
Level	Intake Number*	Start Date*	Campus/Site*	Commitment Fee
1				<b>\$200 commitment fee per level.</b>
2				
3				
4				

**PAYMENT INFORMATION** A \$200 commitment fee per level is required (non-refundable; applied to your tuition). Forms submitted without payment will not be processed. Tuition is due 60 days before your level starts. Please do not email credit card information.

Payment Method* <input type="radio"/> Cheque (payable to BCIT) <input type="radio"/> Money Order (payable to BCIT) <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express		Total Amount (\$200 per level)*
Credit Card Number	Expiry Date	Cardholder Name