



# Passive House Tradesperson Course—Building Envelope Specialization

## School of Construction and the Environment

SE1-140, 3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

T 604-412-7492 E [amartineau@bcit.ca](mailto:amartineau@bcit.ca) W [www.bcit.ca/construction/passivediscovery/](http://www.bcit.ca/construction/passivediscovery/)

**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 at [amartineau@bcit.ca](mailto:amartineau@bcit.ca) or send it by fax to 604-435-4219.

### 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 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 concerns, 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)

### SPONSOR INFORMATION (if applicable) – Attach a letter of authorization from your sponsor to this form.

Company/Agency*		
Contact Name*	Contact Phone Number*	Contact Email*

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

### PERSONAL INFORMATION

Your BCIT ID Number* AO	Social Insurance Number*	Birth Date (DD-MMM-YYYY)*
Legal First Name (given name)*	Middle Name	Legal Last Name (family name)*
Previous Last Name (e.g., maiden name)	Preferred First Name	Gender* <input type="checkbox"/> Female <input type="checkbox"/> Male

<sup>1</sup>Please visit course homepage for directions to generate or find a student number.

### CONTACT INFORMATION—All BCIT correspondence will be sent to the address indicated.

Please provide at least one phone number\*

Home Mailing Address (number and street)*			Personal Phone Number
City*	Province*	Postal Code*	Business Phone Number
Country*	Personal (non-BCIT) Email Address* - This will be the primary method of communication from BCIT		
Emergency Contact Name	Relationship to Student	Emergency Contact Number	

### CITIZENSHIP / LANGUAGE

### ABORIGINAL STATUS

Status in Canada* <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Diplomat or Diplomat Dependent <input type="checkbox"/> Life-in Caregiver Work Permit <input type="checkbox"/> Non-Canadian—Distance/Online <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee—Claimant <input type="checkbox"/> Refugee—Status Granted <input type="checkbox"/> Study Permit <input type="checkbox"/> Visitor or Visitor Visa <input type="checkbox"/> Work Permit	Country of Citizenship*	Do you identify yourself as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Country of Birth	If you identify yourself as an Aboriginal person, are you (please check all that apply): <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit
	Is English your primary language?*	Please send me information on services available to Aboriginal students. <input type="checkbox"/> Yes <input type="checkbox"/> No

### APPLICANT INFORMATION

Company Name or Employer	
Category of Work	Job / Position Title
Briefly describe two relevant projects that you and/or your company have provided services for, and in which City, within the last three years.	

Has your employer/company been involved, currently working on, or planning to be involved in any High Performance or Passive House projects? Please explain.

Please describe your interest in completing the 5-day Passive House trades course at BCIT and how it would benefit you and/or your company.

**COURSE START DATE (DD-MMM-YYYY)** - See date listings at [www.bcit.ca/construction/passivediscovery/](http://www.bcit.ca/construction/passivediscovery/)

To request to be added to a waitlist for possible future courses, please contact Ann Martineau at [amartineau@bcit.ca](mailto:amartineau@bcit.ca)

**For office use only.**

Course Number	CRN	Course Title	Start Date	Campus	Tuition Fees
CESA 1500		Passive House Tradesperson Course - Building Envelope Specialization			

By signing this form, I consent to allow BCIT to communicate with the City of Vancouver about my training dates, grades, attendance, and related academic information for the purposes of administering my registration and progress in the CESA 1500 course that is subsidized by the aforementioned organizations.

Signature\*

Date (DD-MMM-YYYY)\*

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