

2012 Registration Form

Instructions:

1. Complete this form in full, incomplete forms will not be processed.
2. Registration forms must be accompanied with a non-refundable \$75.00 Registration Fee, if not, applications will not be processed.
3. Confirmation of Registration will be by mail. Please ensure all personal information on the form is current and correct. If requested, Confirmation of Registration can be sent by facsimile and/or internet.
4. Applicants are responsible for contacting the agency providing financial assistance. Please attach proof of sponsorship, if available.
5. Mail this completed registration form, accompanied with Registration Fee to our mailing address:
 Practicum Training Institute Inc.
 Box 30029 1624 33rd Street West
 Saskatoon Saskatchewan S7L 7M6

PLEASE PRINT: FULLY COMPLETE FORM

Administrator Use Only:

Date Received: _____
 Student ID: _____

PERSONAL INFORMATION:

Last Name: _____ First Name: _____ Prefix: _____

Date of Birth :(DD/MM/YY) _____ Gender: Male Female

Permanent/Mailing Address:

Street/P.O. Box: _____

City/Town: _____ Province/Territory: _____

Postal Code: _____ Telephone: Home _____ Other _____

Email: _____

Ancestry: Aboriginal Ancestry Métis Status/Treaty Non-Status Inuit
 Visible Minority Caucasian

FAMILY INFORMATION:

Person to contact in case of emergency

Name: _____ Relationship to you: _____

Street/P.O. Box No: _____

City/Town: _____ Province/Territory: _____

Postal Code: _____ Telephone: Home _____ Other _____

MEDICAL INFORMATION:

Have you any medical conditions of which the Institute should be aware? YES NO
If yes, please specify: _____

Please NOTE: If you are being sponsored by WCB, we require a complete history of your injury/condition.

EDUCATION HISTORY:

Highest Grade Level successfully completed (1 to 12) _____ Year Completed: _____
Post-Secondary Education: _____

SPONSORSHIP/FUNDING INFORMATION:

If you have obtained sponsorship/funding, please attach proof of sponsorship with this application form when submitting it to the Institute.

If you have not obtained sponsorship/funding, please check the appropriate box of how you will be funding your training. Please also provide contact information for the sponsorship/funding agency you are applying to in the space provided below.

- Student Line of Credit Personal Loan Parents/Self Registered Education Fund
- Métis (GDI) Band WCB Skills Training Benefit (EI)
- Reachback Program (Off of EI) Lifelong Learning Plan

Sponsorship/Funding Contact Information :(if available)

Company/Organization: _____
Name: _____ Email: _____
Telephone: _____ Facsimile: _____
Street/P.O. Box No: _____
City/Town: _____ Province/Territory: _____
Postal Code: _____

DESIRED PROGRAM DATE:

- March 5th – March 31st April 2nd – April 28th April 30th – May 26th
- May 28th – June 23rd June 25th – July 21st July 23rd – August 18th
- August 20th – Sept 15th Sept 17th – October 13th October 15th – Nov 10th
- Nov 12th – December 8th

REFERRAL INFORMATION:

How did you hear about our Institute and the program we offer?

(Please check the appropriate box)

Newspaper Ad Internet Family/Friend College Guide

Other

If Other, please specify: _____

Please confirm that you have received, understand and acknowledge all information provided by the Institute:

- Program Schedule
- Program Outline
- Training Institute Policy and Procedures
- Student Financial Responsibilities
- Payment Information & Fee Schedule

I wish to have my application considered, and if accepted, I agree to abide by all terms and regulations of the Training Institute, provided to me in the information package that I have received along with the application.

- I hereby submit the \$75.00 Registration Fee.
- ◆ Please make cheque or money order payable to Practicum Training Institute.
 - ◆ Cash is an acceptable payment method only if paying in person at our office location:

NEW LOCATION Contact us for details!

I have **READ, UNDERSTOOD & RECEIVED** all documentation pertaining to the program.

Date

Signature of Applicant