



BLUE QUILLS COLLEGE TRADES CENTER

APPLICATION FOR ADMISSION

Camp Life Training Program

Name _____
First Middle Last

Date of Birth (d/m/y) ____/____/____ Sex: Male/Female S.I.N. #: ____ - ____ - ____

Address _____ City _____ Prov. _____ Postal Code ____ - ____

House Location _____ Alberta Health Care # _____

Driver's License: Y or N Learners: Y or N E-mail _____

Telephone _____ Cell _____ Message _____

Marital Status: Married Single Divorced Common-law Other _____ Maiden Name: _____

Name of Spouse _____ Spouse Phone # _____ Spouse Work # _____

Contact Person in Case of Emergency: _____ Contact Phone #: _____

Status: Treaty Non-Status Metis Other Band Name _____ Treaty # _____

Blue Quills College Program - Program/Name _____

Alberta Employment and Immigration Office – Location _____

First Nations Funder Contact Info Name/Program: _____

Metis Settlements Funder Contact Info Name/Program: _____

Training Center: _____ Other: _____

Valid Safety Tickets info – Include Expiry Date
First Aid/CPR _____ CSTS _____
H2S Alive _____ WHIMIS _____
TDG _____ Food Safe _____
Combined Space _____ Bear & Cougar Awareness _____

Accepted: Yes or No
If Yes, Training Date (start/end): _____
If No, explain _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION IS CAUSE FOR REFUSAL OF ADMISSION OR DISMISSAL. NOTE: APPLICATIONS CANNOT BE PROCESSED UNTIL ALL OFFICIAL TRANSCRIPTS, CERTIFICATES, AND APPLICATION FEE ARE RECEIVED.
DID YOU ANSWER ALL THE QUESTIONS TO THE BEST OF YOUR KNOWLEDGE BEFORE SIGNING THIS APPLICATION FORM?

Signature: _____ Date: _____

TRADES BUILDING
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