

**SECWPEPMC EDUCATION TRAINING CENTRE
TRAINING PROGRAM APPLICATION FORM**

Please type or print legibly, answer questions fully and accurately and answer N/A if a question does not apply to you. Attach additional sheets if necessary.

Personal Data

Name:		Date of Birth:	
Address:		S.I.N.:	
Email:		Telephone: (H)	
Band/Organization:		Cell:	
Email:		Telephone: (H)	
Program Applied for: Full-time or Part-time		Contact No:	

Education Record

Grade Level Completed:		Date Last In School:	
Other Training Or Courses:			
Name Of Course	Location	Dates Attended	

Employment History

Work Experience From The Last 2 Jobs:(Employer, Occupation, And Dates Worked)		
Employer	Occupation	Dates Worked

Occupational Goal

Reasons For Expressed Interest In This Program:

Describe your support systems while in attendance at the program, i.e. personal, family, daycare. Include a brief statement of your beliefs about attendance and participation in training programs.

- YOU MUST CERTIFY IN ORDER TO PROCEED: I certify that I am the person described above, and that the information presented here is correct to the best of my knowledge.

The personal information on this form and other personal information which forms part of your student record is collected under the Secwepemc Education Training (SET) Centre / Secwepemc Cultural Education Society (SCES), and British Columbia of Canada. The information is used for administrative and statistical research purposes of the Institute and/or the ministries or agencies of the Government of British Columbia and the Government of Canada. The information will be protected and disclosed in compliance with those agencies. Except as noted in the preceding, the personal information collected on the form and other personal information which forms part of a student's record will not be disclosed to any other person without consent. For further information please see www.secwep.org or contact the Office of the Registrar at SETC/SCES.

Stay informed about SETC/SCES courses, programs, news and events. If you choose no, you will still receive communications relating to the administration of your program.

- ***
- Yes, I would like to receive SETC/SCES updates.
- No, do not send updates unrelated to my program.

Name and Contact Information For One (1) Reference (employer, human service professional, community volunteer coordinator or from a First Nations Band or Aboriginal organization). References should have known the applicant at least two years. The purpose of this reference to confirm commitment to program and support to client to enter this area of training.

Reference Name, Title, Organization or Agency	
Contact Info – telephone number, email address	

Additional Information

Program Time Frame – FROM:		TO:	
Signed:		Date:	

***** Applicants must be willing to sign a criminal record check form *****

Email this application to reception@secwep.org or drop off at the office at 517 Tranquille RD Kamloops, BC