



REGISTRATION/APPLICATION CONTINUING EDUCATION PROGRAMS

We are collecting your personal information under the authority of the Colleges Act (RSA 2000, Chapter C-19), which mandates the provision of programs and services. We ask for this information to determine your eligibility for training and contracted services, and for research and statistical purposes. If you have any questions about the collection of this information, you may contact the Continuing Education Office at (780)623 5631.

PROGRAM APPLIED FOR	Program Date:	Program Location
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How did you find out about this program? (Check ONE box only)				
Newspaper	Television	<i>Word of Mouth</i>	<i>Career Day</i>	<i>Open House</i>
Agency Referral	Calendar Brochure	<i>Community Info Fair</i>	<i>High School Visit</i>	<i>Radio</i>
Facebook	College Website	<i>Other Website / Link</i>	<i>High School Counsellor</i>	

PERSONAL INFORMATION (Please Print in all areas or check the appropriate box)
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Date of Birth				Gender		Student Identification Number
	Day	Month	Year	Female	Male	
Last Name	First Name			Middle Name	Maiden Name (if applicable) or Other Name by Which I am known	
Mailing Address (Box Number or Street Address)		City/Town	Province	Country	Postal Code	
Home Telephone Number <small>(Include area code)</small>	Work Telephone Number <small>(Include area code)</small>	Alternate Telephone Number		Email Address		
Emergency Contact Name:	Emergency Contact Phone:	Emergency Contact Address:	Emergency Contact Relationship:			

If you wish to declare that you are an Aboriginal person, please specify:				
Status Indian/First Nations	Non-Status Indian/First Nations	Métis	Inuit	
Alberta Advanced Education and Technology is collecting this personal information pursuant to section 33 (C) of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal Learner success. For further information or if you have questions regarding the collection activity, please contact the Office of the Director, Business Operations and Reporting, Post-Secondary Excellence Division, Alberta Advanced Education and Technology, 10155-102 Street, Edmonton, AB, T5J 4L5, 780-427-7145 or Portage College Registrar's Office.				
Are You A Person With A Disability/Special Needs Special Considerations: Yes <input type="checkbox"/> No <input type="checkbox"/>				

CONSENT TO RELEASE INFORMATION

- I authorize Portage College to disclose relevant personal information about me collected on this form, as required:
- to affiliated service providers for the purposes of confirming my enrolment status to determine my eligibility for services
 - to Alberta Advanced Education and Technology, Alberta Human Services (Alberta Employment and Immigration) to maintain enrolment and statistical reporting
 - to my funding agency(ies), as required, to confirm my eligibility for funding or continued funding
 - to authorize information on this application to be entered into the Apply Alberta system
 - to authorize Alberta Education and Apply Alberta's participating institutions to send official transcripts to Portage College
 - to authorize Portage College to send a copy or record of this consent to any of the Apply Alberta participating institutions from whom Portage College will be collecting my transcripts.

Applicant's Signature	Date Signed
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FOR OFFICE USE ONLY
