

REGISTRATION/APPLICATION

Foundational Learning Instructor Program



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.

(Please check which program(s) you are interested in: <input type="checkbox"/> Numeracy - <input type="checkbox"/> Literacy – <input type="checkbox"/> Digital Skills – <input type="checkbox"/> Skills for Learning	Program Dates: Oct 6, 2025 – May 15, 2026	Program Location Online
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How did you find out about this program? (Check ONE box only)				
<input type="checkbox"/> CALP Presentation	<input type="checkbox"/> Portage College Website	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> CALP Portal	<input type="checkbox"/> Other: _____

PERSONAL INFORMATION (Please Print in all areas or check the appropriate box)

Date of Birth				Are you a returning FLIP student <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, what was the last module(s) you completed: Literacy _____ Digital Skills _____ Numeracy _____ Skills for learning _____
	Day	Month	Year	
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
Cellphone Number (Include area code)			Alternate Phone Number (Include area code)	Email Address

Calp office or worksite	Relationship with CALP <input type="checkbox"/> I am a volunteer <input type="checkbox"/> I work at CALP	Learner profile: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Ukrainian Evacuee <input type="checkbox"/> Temporary Resident
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If you wish to declare that you are an Aboriginal person, please specify: <input type="checkbox"/> Status Indian/First Nations <input type="checkbox"/> Non-Status Indian/First Nations <input type="checkbox"/> Métis <input type="checkbox"/> 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.	

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

Email application to training@portagecollege.ca