

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.

| Calp Presentation Portage College Website Word of Mouth CALP Portal Other: |
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| How did you find out about this program? (Check ONE box only) CALP Presentation |
| CALP Presentation |
| Date of Birth |
| Date of Birth |
| Date of Birth |
| Birth Day Month Year Male Prefer not to say (please leave blank) 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) Home Telephone Number (Include area code) Work Telephone Number (Include area code) Call Phone Number (Include area code) Relationship with CALP Learner profile: I am a volunteer Canadian Citizen Refugee Refugee Ukrainian Evacuee |
| Birth |
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| ☐ I work at CALP ☐ Permanent Resident ☐ Ukrainian Evacuee |
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| Temporary kesident |
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| 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, TSJ 4L5, 780-427-7145 or Portage College Registrar's Office. |
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| 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 w |
| be collecting my transcripts. |
| Applicant's Signature Date Signed |
| |
| Email application to training@portagecollege.ca |