

Please print clearly.

LOCATION OF PROGRAM \_\_\_\_\_

### BASIC INFORMATION

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Last name \_\_\_\_\_

Maiden or previous name \_\_\_\_\_

Date of birth (dd/mm/yyyy) \_\_\_\_\_

Email *By providing your email address, you are consenting to receive information electronically from Great Plains College.*

Social Insurance Number \_\_\_\_\_

Sask. Health Insurance Number \_\_\_\_\_

M ☐ F ☐

Permanent address (street/box number) \_\_\_\_\_

Town/city \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Home phone \_\_\_\_\_

Business/alternate phone \_\_\_\_\_

Cell phone \_\_\_\_\_

*The following information is voluntary:*

Marital Status: ☐ Married ☐ Single ☐ Common-law ☐ Divorced ☐ Widowed ☐ Separated

Number of children:(under 12 years of age) \_\_\_\_\_

### CITIZENSHIP

☐ Canadian citizen

☐ Permanent resident

☐ Temporary resident

☐ Visitor permit

☐ Student permit

Other: \_\_\_\_\_

Arrival date in Canada (dd/mm/yyyy) \_\_\_\_\_

Arrival date in Saskatchewan (dd/mm/yyyy) \_\_\_\_\_

Visa expiry date (dd/mm/yyyy) \_\_\_\_\_

Country of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Language: \_\_\_\_\_

Client ID number or \_\_\_\_\_

Citizenship number \_\_\_\_\_

### OFFICE USE ONLY

Date application received: \_\_\_\_\_

Start date: \_\_\_\_\_

Overall Language Level (If known) \_\_\_\_\_

Date of Assessment \_\_\_\_\_

Scores: ☐ Listening ☐ Speaking ☐ Reading ☐ Writing ☐

PSE #: \_\_\_\_\_

OCSM #: \_\_\_\_\_

☐ OCSM

☐ ICARE

☐ EXIT

## OTHER INFORMATION

Number of years of schooling:   Number of years of English:

Highest level of education: ☐ Elementary ☐ High school diploma ☐ Post-secondary

Profession/job in home country: \_\_\_\_\_

Current profession/job: \_\_\_\_\_ Name of employer in Canada: \_\_\_\_\_

## PRIVACY

The information on this form is collected under the legal authority of the Regional Colleges Act 1988 and the Freedom of Information and Protection of Privacy Act. The information is used for administrative and statistical purposes by Great Plains College and/or Ministries and Agencies of the Saskatchewan Government and the Government of Canada. By signing below, the client acknowledges that the information provided will be used by the Language Assessment and Referral Centre (LARC) for the purpose of registration and referral only, and will be shared with Citizenship and Immigration Canada (CIC) and the client's chosen language provider. If you have any questions about the collection or use of this information, please contact the Great Plains College Privacy Officer at 306-778-5490. After completing a program, information you provide here may be shared with Fast Consulting for the sole purpose of contacting you for a student follow-up survey we are required to conduct for the Ministry of Advanced Education. Your signature on this form authorizes sharing of information for this purpose.

## CONSENT TO USE PERSONAL IMAGE AND INFORMATION

This form authorizes Great Plains College to use your personal image and limited personal information for marketing and promotional purposes related to the college. These may include, but are not limited to, brochures, newspaper and website advertising, television, radio and multimedia productions for Great Plains College. A personal image may include photographs and audio or video recordings. Personal information may include your testimonial, college program and location and year of graduation. This activity is conducted under the authority of the Regional Colleges Act 1988, which mandates the provision of adult education programs and services to the residents of Saskatchewan. Your personal image and information will be used in a manner consistent with the privacy provisions of the Freedom of Information and Protection of Privacy Act. To request your image and information not be used as outlined above, please phone the Communications Unit at 306-778-5475.

## SIGNATURE

I hereby certify that all the information provided is true and complete. I understand that false information may result in the cancellation of my status as a registered student. I have read and understood the college's statements on Consent to Use Personal Image and Information and Privacy. I agree to abide by the rules and regulations of the institute, including the payment of fees.

\_\_\_\_\_  
Applicant's signature (please sign in ink)

\_\_\_\_\_  
Name (please print)

Date (dd/mm/yyyy)

## CONSENT FOR FUTURE RESEARCH (OPTIONAL)

By signing below, the client is agreeing to allow Citizenship and Immigration Canada (CIC) to contact him/her in the future regarding his/her settlement and language progress. The client's information will not be shared by any third party as a result of agreeing to this specific consent.

\_\_\_\_\_  
Applicant's signature (please sign in ink)

Date (dd/mm/yyyy)

## EMERGENCY CONTACT

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

Phone number

## GREAT PLAINS COLLEGE LOCATIONS

### Kindersley Campus

Box 488, 514 Main St  
Kindersley, SK S0L 1S0  
Ph: (306) 463-6431  
Fax: (306) 463-1161

### Rosetown Program Centre

Box 610, 1005 Main St  
Rosetown, SK S0L 2V0  
Ph: (306) 882-4236

### Swift Current Campus

129 2nd Ave NE  
Swift Current, SK S9H 2C6  
Ph: (306) 773-1531  
Fax: (306) 773-2384

### Biggar Program Centre

Box 700, 701 Dominion St  
Biggar, SK S0K 0M0  
Ph: (306) 948-3363

### Warman Campus

Box 1001, 201 Central St E  
Warman, SK S0K 4S0  
Ph: (306) 242-5377  
Fax: (306) 242-8662

### Maple Creek Program Centre

Box 1738, 20 Pacific Ave  
Maple Creek, SK S0N 1N0  
Ph: (306) 662-3829