

Please print clearly.

LOCATION OF PROGRAM _____

APPLICANT START DATE _____

First name _____ Middle name _____ Last name _____

Maiden or previous name

Date of birth (dd/mm/yyyy)

Social Insurance Number

M F

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

Street address

Town/city

Postal Code

Mailing address (if different from above - box number)

Town/city

Postal Code

Home phone

Cell phone (if different)

The following information is voluntary:

Marital Status: Married Single Common-law Divorced Widowed Separated

Number of children:(under 12 years of age) _____

CITIZENSHIP - MANDATORY INFORMATION REQUIRED

Canadian citizen Permanent resident Temporary foreign worker 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

Did you come to Canada as a refugee? If yes, what year? _____

OFFICE USE ONLY

Overall Language Level (If known)

Date of Assessment

Start date:

Scores:

Listening	Speaking	Reading	Writing
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PSE #: _____ OCSM #: _____

OCSM

ICARE

OTHER INFORMATION

Number of years of schooling: Number of years of studying/learning 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 shared with Immigration, Refugees and Citizenship Canada (IRCC) 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)
Application Date (dd/mm/yyyy)

CONSENT FOR FUTURE RESEARCH (OPTIONAL)

By signing below, the client is agreeing to allow Immigration, Refugees and Citizenship Canada (IRCC) 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)
Application 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