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| COTR_Logo  *Fire Innovations Training (FIT)* | **STUDENT**  **REGISTRATION FORM** | , |

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| HAVE YOU REGISTERED FOR OTHER COTR FIRE TRAINING COURSES: YES  NO | | | | | | | | COTR STUDENT NUMBER (if known) | |
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| **PERSONAL DATA** | | | | | | | | | | |
| LAST NAME (Print) | | FIRST & MIDDLE NAME | | | FORMER LAST NAME | | SOCIAL INSURANCE NUMBER  (used to prevent duplicate student records and tax purposes where applicable) | | | |
|  | | | |
| TELEPHONE NUMBERS | | | | HOME MAILING ADDRESS | | | | | | |
| HOME | | | |  | | | | |  | |
|  | | | |  | | | | |  | |
| WORK | | | |  | | | | |  | |
|  | | | |  | | | | |  | |
| DATE OF BIRTH (YY/MONTH/DD) ***REQUIRED*** | | | | CITY/TOWN/PROVINCE | | | | | POSTAL CODE | |
|  | | | |  | | | | |  | |
| EMAIL ADDRESS | | | | | | | | | | |
|  | | | | | | | | | | |
| GENDER: M  F  ***REQUIRED*** | | | CITIZENSHIP: CANADIAN CITIZEN  PERMANENT RESIDENT  ***REQUIRED*** | | | | | | | |
| **COURSE APPLICATION** | | | | | | | | | | |
| FIRE DEPARTMENT OR COMPANY NAME | | | | | | COURSE NAME | | | | |
| **FireWise Consulting & Leduc County Fire Department** | | | | | | **NFPA 1033 Fire Investigation May 15 – 17, 2019** | | | | |
| **DECLARATION** | | | | | | | | | | |
| **Voluntary Declaration**: Are you of First Nations, Metis or Inuit ancestry: Yes  No  **FREEDOM OF INFORMATION/PROTECTION OF PRIVACY**: The College Of The Rockies complies with the Freedom of Information/Protection of Privacy legislation of the Province of British Columbia. Information collected on application forms is used in the normal course of College operations in accordance with this legislation.  **Voluntary Self-Disclosure Statement (Individual’s consent to release information):**  By signing this voluntary self-disclosure form I hereby give the College permission to release program information noted hereon, in writing or by telephone, for the purposes indicated, as follows:  a.  to the above-named applicant; or  b.  to a company as a result of my job application thereto; or  c.  to a company in response to a general request to the College for possible job candidates.  d.  all of the above.    **SIGNATURE OF APPLICANT DATE** | | | | | | | | | |
| I declare that the information contained in this application is to the best of my knowledge, complete and correct. I hereby agree to comply with the rules and regulations of the College.  I understand and agree that acceptance of this registration in no way guarantees admission to the program or course. The registration is subject to the availability of seats.  I understand and agree that the College reserves the right to modify or cancel any program or course without notice or prejudice.  I understand that personal and group photographs and images may be used by the College of the Rockies to advertise and promote its programs and services. I agree that the College maintains copyright and ownership of such photographs, images, negatives and advertising materials. I waive all moral rights to the use of such personal photographs, images, negatives and advertising materials and agree not to sue the College of the Rockies with respect to these moral rights.    **SIGNATURE OF APPLICANT DATE** | | | | | | | | | |
| **SUBMIT COMPLETED FORM TO (email or fax):** | | | | | | | | | |
| FireWise Consulting Ltd.  Attn: Amelia Sangara  Email: [amelia@firewiseconsulting.com](mailto:amelia@firewiseconsulting.com)  Fax: 250-929-7334 | | | | | | | | | |