Last Name | Legal First Name | Middle Name
---|---|---

Program Applying For | Start Date (ex. February 2018)
Second Choice Program | Start Date
Parent/Guardian 1's Name | Parent/Guardian 1’s Relation
Parent/Guardian 1’s Email (Required) | Parent/Guardian 1’s Cell Phone
Parent/Guardian 2's Name | Parent/Guardian 2’s Relation
Parent/Guardian 2’s Email (Required) | Parent/Guardian 2’s Cell Phone

Parent/Guardian Approval
I support my son/daughter’s application to the Career Technical Centre Program as indicated above. I agree that the information contained in this application may be provided to the instructor(s) of the College of New Caledonia. I certify that all information submitted on/with this application is true and complete.

Parent/Guardian Signature | Date

Your application should have all of the following attached before you submit it:

- Application for Admission
- Statement of Interest
- Teacher Reference
- Administrator Reference
- Personal Reference Letter
- Resume
- Report Card

Incomplete Applications will not be processed.
A full list of CTC Programs and their entry requirements can be found at www.cnc.bc.ca/ctc

$40.00 application fee is NOT required to apply for CTC programs. Required upon acceptance to a program.

Revised July 5, 2017
Application for Admission

Which Campus? □ Prince George □ Lakes District □ Mackenzie □ Nechako □ Quesnel

CNC STUDENT NUMBER - Leave blank if you do not have one

PEN NUMBER* (Personal Education Number) - Leave blank if you do not have one

*Required for all BC Grade 12 students

APPLICATION FEES (All fees in Canadian Dollars and are NON-REFUNDABLE)

$40.00 CANADIAN CITIZENS / PERMANENT RESIDENTS INTERNATIONAL STUDENTS PLEASE USE INTERNATIONAL APPLICATION

PAYMENT METHOD: (for mail or fax only)

☐ VISA ☐ MASTERCARD ☐ CHEQUE ☐ CALL ME

Name on Card: ____________________________________________
Card Number: ___________________________________________
Expiry: Month _______ Year ____________________________

BIOGRAPHICAL INFORMATION

DATE OF BIRTH

☐ Canadian Citizen

☐ Permanent Resident (Landed Immigrant) Proof of Immigration Status required

PRIMARY LANGUAGE

GENDER: ☐ FEMALE ☐ MALE

HOW DID YOU HEAR ABOUT THE PROGRAM?

☐ WEBSITE ☐ RADIO ☐ SOCIAL MEDIA ☐ WORD OF MOUTH

☐ OTHER ________________________________________________

STUDENT INFORMATION

FULL LEGAL SURNAME / FAMILY NAME

FULL FORMER LEGAL NAME (IF APPLICABLE)

LEGAL FIRST NAME

LEGAL MIDDLE NAME

HOME TELEPHONE

PERMANENT MAILING ADDRESS

ALTERNATE TELEPHONE (CELL)

CITY

PROVINCE

POSTAL CODE

EMAIL (NOTE: THIS WILL BE THE PRIMARY EMAIL FOR COLLEGE OF NEW CALEDONIA COMMUNICATIONS)

PROGRAM APPLIED FOR

PROGRAM

CIRCLE PROGRAM INTAKE YEAR

☐ Part time ☐ Full time

(IN JAN - APR) (MAY - AUG) (SEPT - DEC)

SPRING INTER FALL

EMERGENCY CONTACT

SURNAME / FAMILY NAME

FIRST NAME

PHONE NUMBER

SPECIALIZED SUPPORT SERVICES

ABORIGINAL STUDENTS

Do you identify yourself as an Aboriginal person? ☐ YES ☐ NO

Select one of the three options that best describes your Aboriginal identity:

☐ FIRST NATIONS ☐ METIS ☐ INUIT

If you have status, with which band are you currently registered?

ACCESSIBILITY SERVICES INFORMATION

If you require additional learning support such as academic accommodations or adaptive technology, please contact Accessibility Services at least four months prior to the start date of the semester.

Call 250 561 5838 or email access@cnc.bc.ca
EDUCATION

Names on official documents must match student record. Official name change documents or marriage certificates may be required.

SECONDARY SCHOOL

☐ ATTACHED ☐ WILL FOLLOW ☐ ON FILE

IF YOU ARE CURRENTLY ATTENDING SECONDARY SCHOOL:

School Name: ____________________________
Province/Country: ________________________
Present Grade: __________ Graduation Date: __/__/__

IF YOU ARE NOT CURRENTLY ATTENDING SECONDARY SCHOOL:

Last Secondary School Attended: __________
Province/Country: ________________________ Graduated? ☐ NO ☐ YES

Present Grade: __________ Graduation Date: __/__/__

POST-SECONDARY INSTITUTION: Official transcript(s) is (are) required for all listed institution(s):

<table>
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<tr>
<th>NAME OF POST-SECONDARY INSTITUTION(S)*</th>
<th>PROVINCE/COUNTRY</th>
<th>PROGRAM</th>
<th>FROM</th>
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* Applicants who want to apply for transfer credit(s) must submit a Transfer Credit Request form. Please contact Academic Advising.

COLLECTION, USE AND DISCLOSURE OF STUDENT INFORMATION

The information on this form and all required admissions and registration documentation is collected for the purpose of meeting the data requirements for admission, registration, research, alumni and development, statistical analysis, locker and U-Pass administration, and the student health plan. It is collected under the authority of the College and Institute Act and your privacy is protected under the Freedom of Information and Privacy Act limiting how your information may be used or disclosed. If you have any questions about the collection and use of your information contact the Freedom of Information Coordinator, College of New Caledonia at 250 561 5828.

All hard copied materials/information provided by you in support of your application to CNC becomes the property of the College and will not be returned and may be destroyed within six months of receipt.

DECLARATION

I declare that the information that I have provided in this application is complete and correct. Completion of this signed application permits the College to request and/or confirm any information necessary to support my application for admission. Falsifying any document or information submitted will result in the cancellation of admission or registration at the College of New Caledonia.

I understand the submission of this application in no way guarantees admission to a program or course, and that admission is subject to meeting program or course prerequisites and space availability.

As an applicant or as a student, I agree to abide by the most current policies of the College.

In addition, I agree as a condition of registration at the College of New Caledonia to pay all fees and charges as approved by the Board of Governors to the College as required by the deadlines posted by the College, and to pay any interest charges on any sum which becomes due and payable according to the payment procedures at the College of New Caledonia.

SIGNATURE: ____________________________ DATE: __________________

PARENT/GUARDIAN SIGNATURE*: ______________________ DATE: __________________

*Parent/Guardian signature only required if applicant is 17 years of age or younger on the first day of school.

RECEIPT:

ACDU TEST:

SRA TEST:

190306
STATEMENT OF INTEREST
* To be HANDWRITTEN by the student only *

Name: _____________________________ Program: _____________________________

Please answer the following questions to the best of your ability.

1. What have you done so far to prepare yourself for study and work in this area? (For example: job related or volunteer experience, extra-curricular activities or courses, reading, interviews with people, etc.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

/2

2. What skills do you have that will help you be successful in this program?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

/2

3. What interests you about a career in this field?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

/2

4. What knowledge do you have of this career field? (For example: opportunities of work, working conditions, wages, etc)

Go online to research your chosen program.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

/2

5. Have you talked to your school counsellor regarding your decision to enter CTC and the courses that you will require to make a smooth transition? Which courses will you need to complete prior to entry? Who was the counselor you talked to?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

/1

6. Describe any special needs that the College should be aware of, or that might affect your performance. (For example: learning disabilities, ADD/ADHD, medical or physical problems, etc.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

/1
This student has applied for a seat in the ________________ program.

Please check the following traits as:

<table>
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<tr>
<th>Trait</th>
<th>Excellent</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
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<tr>
<td>1. Maturity</td>
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<td>2. Accuracy / Ability to follow instructions</td>
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<td>3. Enthusiasm and interest</td>
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<td>4. Adaptable - adjusts to new situations</td>
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<td>5. Follows through on assigned tasks</td>
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<tr>
<td>6. Attendance</td>
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<td>7. Punctuality</td>
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<td>8. Shows motivation to learn new skills</td>
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<td>9. Can work independently</td>
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<td>10. Has a positive attitude towards work</td>
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<tr>
<td>11. Accepts constructive criticism</td>
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<tr>
<td>12. Makes changes as a result of constructive criticism</td>
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As a candidate for this program, I would rate this student as: (circle most appropriate description)

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<tr>
<th>Rating</th>
<th>suitable</th>
<th>2</th>
<th>3</th>
<th>strong</th>
<th>4</th>
<th>5</th>
<th>exceptional</th>
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Could this student be counted on to represent the District favourably in a College setting?

- [ ] Yes
- [ ] Possibly
- [ ] No

Do you feel this student has a sincere interest in this District Partnership program?

- [ ] Yes
- [ ] Possibly
- [ ] No

Additional comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

EVALUATION COMPLETED BY:

Teacher (PRINT NAME) __________________________ Signature __________________________
Student Name: ___________________________________________ Grade: ____________

This student has applied for a seat in the ____________________________________ program.

Please complete the following questions with your principal or vice-principal.

1. Describe a time that you had to exhibit maturity.

____________________________________________________________________________

2. Describe your interest and enthusiasm for your program of choice.

____________________________________________________________________________

3. Describe how you follow through on assigned tasks.

____________________________________________________________________________

4. Describe a time you had to learn new skills.

____________________________________________________________________________

5. Describe a time you had to work independently. What was the result?

____________________________________________________________________________

6. Describe a time you received constructive criticism. How did you respond after receiving the criticism?

____________________________________________________________________________

7. Could this student be counted on to represent the District favourably in a College setting?

☐ Yes ☐ Possibly ☐ No

8. Do you feel this student has a sincere interest in this District Partnership program?

☐ Yes ☐ Possibly ☐ No

EVALUATION COMPLETED WITH:

______________________________
Teacher (PRINT NAME)