



Skills Training Registration

In accordance with the Regional Colleges Act ("the act") and the Local Authority Freedom of Information and Protection of Privacy Act("LAFOIP"), Parkland College collects, uses and discloses Personal Information to perform its duties under the Act; as permitted by LAFOIP; for administrative, marketing, financial and statistical purposes; funding and sponsorship purposes; academic programming; academic or other student counselling; taxation; determination of eligibility for benefits; development and alumni operations; providing access to services offered by Parkland College; external placement that occurs as part of your program; and email communications relating to marketing or promotion, market research, or user surveys about programs, services and products offered by Parkland College.

For further reference, see our Privacy Statement online (parklandcollege.sk.ca) or contact Parkland College Privacy Officer by Mail: PO Box 790 Melville, SK S0A 2P0.

Acknowledgement: In signing this form, I acknowledge my consent to Parkland College's collection, use and disclosure of my personal information, as outlined above.

I hereby certify that all the information provided to the College is true and complete. I understand that false information may result in the cancellation of my admission as a registered student. I agree that any misrepresentation by me may be shared with other post-secondary institutions. I agree to abide by Parkland College rules and regulations, including payment of fees.

Signature

Date

Program Name: _____ **Program Session ID#:** _____

Program Dates: _____ **Student PSE#:** _____

STUDENT INFORMATION (please PRINT)

Last Name		Birthdate (Mandatory)	
		Day	Mon Year
First Name		Middle Name	
S.I.N. (Required for issue of T2202 tax form) <input type="checkbox"/> Refused to provide S.I.N.		Gender	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address			
Town/City	Province	Postal Code	
Home Phone	Cell Phone	Work Phone	
Email Address ((Required for access to student portal for T2202 tax form)			

I hereby consent to receive program related information by email Yes No

How did you find out about the program: College Staff Info Sheet Social Media Newspaper Radio Website
 Tradeshow Other: _____

Equity Questionnaire

Completion of this section is Voluntary and Confidential – check all that apply:

- I am a person with a disability
- I am a member of a visible minority (Persons not Aboriginal or Caucasian)
- I am of Aboriginal ancestry. (If Yes, check one of the following)
 - Metis Non-Status Indian Status/Treaty Indian Inuit NONE of this section applies

OFFICE USE ONLY

<input type="checkbox"/> Verbal Consent (Telephone Contact)
Sponsor Name: _____ ORG ID#: _____
Sponsor Address: _____
Payment Information: _____

Staff initials: _____