

Application Form

1. Personal Information						
First Name:		Last Name:			Unemployed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone #:		Email:			Status #:	
Address:		City:	Province:	Postal Code:		
2. Banking Information						
Transit #:		Institution #:		Account #:		
3. Education						
Highest Level Attained:	Elementary: <input type="checkbox"/>	Secondary: <input type="checkbox"/>	College: <input type="checkbox"/>	Bachelor: <input type="checkbox"/>	Masters: <input type="checkbox"/>	PhD: <input type="checkbox"/>
Year Attained:	Discipline:			Other Training or Certifications:		
License:	Professional Assoc. #:					
4. Course or Training Information						
Institution Name:				Total Cost:		
Address:		City:	Province:	Postal Code:		
Rationale for Course/Training (Please specify the certification or accreditation):						
I have read and consent to the policy; I have also filled out the Application to the best of my ability.					Date:	
Print:			Signature:			

Consent to Release of Information

I, _____, hereby give permission to Wahnapiatae First Nation to utilize my information for the purposes of improving Education planning and support and improving unemployment opportunities, policies, and procedures.

I consent to my information being shared only with parties who are required to know this information in regard to fulfilling my application and to deliberate on eligibility requirements.

I consent to the utilization of the information in the application to be used to update the information on file for the membership registry.

I consent to the release of all information related to the course or training, including individual grades, transcripts, course/training and schedule information, and the outcome of my course/training to the Education Department at Wahnapiatae First Nation.

Print Name

Applicant Signature

Date