

# APPLICATION FORM

284 Smythe Street, Fredericton, New Brunswick, E3B 3C9, Tel 506 453-3641, Fax 506 453-7944, Web www.nbcc.nb.ca

**This is your application for (please check only one):**

- Full-time Training Program(s)
- Continuing Education Course(s)
- College & University Preparation Class(es)

**You are applying for:**

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

**Please provide us with your personal information:**

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Previous Surname \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Telephone (Other) \_\_\_\_\_

E-mail \_\_\_\_\_ Social Insurance Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ Gender (Male) \_\_\_\_\_ (Female) \_\_\_\_\_

**If you are applying for Full-time Training Program(s), please complete the following:**

High School (Last Level Completed) \_\_\_\_\_

College (Last Level Completed) \_\_\_\_\_

University (Last Level Completed) \_\_\_\_\_

Other \_\_\_\_\_

**If you are applying for Continuing Education Course(s), please complete the following:**

Payment by:

Cash                      Credit Card Account # \_\_\_\_\_

Cheque                      Expiry Date \_\_\_\_\_

Debit                      Cardholder Name \_\_\_\_\_

Visa

MasterCard              Signature \_\_\_\_\_

**If you are applying for College & University Preparation Class(es), please select your schedule:**

- | Mondays  | Tuesdays   | Wednesdays   | Thursdays  | Fridays  |
|--|--|--|--|--|
| <input type="checkbox"/> Full day<br>8:25 – 4      | <input type="checkbox"/> Full day<br>8:25 – 4      | <input type="checkbox"/> Full day<br>8:25 - 4      | <input type="checkbox"/> Full day<br>8:25 - 4      | <input type="checkbox"/> Full day<br>8:25 - 4      |
| <input type="checkbox"/> or Morning<br>8:25 – noon | <input type="checkbox"/> or Morning<br>8:25 - noon | <input type="checkbox"/> or Morning<br>8:25 - noon | <input type="checkbox"/> or Morning<br>8:25 - noon | <input type="checkbox"/> or Morning<br>8:25 - noon |
| <input type="checkbox"/> or Afternoon<br>1:10 – 4  | <input type="checkbox"/> or Afternoon<br>1:10 – 4  | <input type="checkbox"/> or Afternoon<br>1:10 – 4  | <input type="checkbox"/> or Afternoon<br>1:10 – 4  | <input type="checkbox"/> or Afternoon<br>1:10 – 4  |

**Thank you for your application. Please return your application to the address above.**