

APPLICATION FOR ADMISSION

Level 4 Landscape Horticulturist Apprenticeship Program FULL-TIME

SkilledTradesBC ID#: _____ (must have SkilledTradesBC ID# and be registered with a sponsor)

FULL LEGAL NAME		
LAST NAME	FIRST NAME	
MIDDLE NAME	PREFERRED FIRST NAME (if applicable)	
CONTACT INFORMATION		
NUMBER/STREET		CITY
PROVINCE	POSTAL CODE	PHONE NUMBER
E-MAIL ADDRESS		
PERSONAL INFORMATION		
DATE OF BIRTH		
Month	Day	Year
Are you an international student: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Canadian Permanent Resident <input type="checkbox"/> Other _____		
HEALTH		
Have you experienced any medical conditions in the last 24 months? Yes / No		
If yes, please provide additional information:		
As this program is both academically and physically rigorous, please describe any physical or academic considerations that PHC should be aware of (i.e. chronic back pain, learning challenges, additional health problems):		
EDUCATION		
Do you have a C grade in English 11? _____ Year of high school graduation: _____		

PLEASE READ THE FOLLOWING BEFORE SIGNING:

- I understand that this information, along with subsequent information placed in my student records, will be used for purposes of admission, registration, research, alumni and development, and other purposes consistent with the mandate of the institution. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act.
- I understand that submission of this application in no way guarantees admission to a program or course, and that admission is subject to meeting program admission requirements and space availability and minimum enrolment numbers.
- I certify that all statements on the application are true and complete. I understand that misrepresentation of this information in any material way may result in cancellation of my admission or registration status.

Signature: _____ **Date:** _____