

APPLICATION FOR ADMISSION TO NATIVE EDUCATION COLLEGE



285 East 5th Avenue | Vancouver, BC V5T 1H2
 604.873.3772 Ext.328 | Fax: 604.873.9152
admissions@necvancouver.org

NEC Student Id No. _____

Previous Applicant: Yes No

PROGRAM(S) APPLIED FOR	Circle Program Intake		
1.	Sept	Jan	April
2.	Sept	Jan	April
3.	Sept	Jan	April

STUDENT INFORMATION (Please Print)		
Legal First Name	Middle Name	Last Name
Current Mailing Address	City / Province	Postal Code
Email	Home Phone	Cell Phone

BIOGRAPHICAL INFORMATION (Please Print)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Two-Spirited	
Date of Birth	Social Insurance Number
Canadian Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	

VOLUNTARY DISCLOSURE OF INDIGENOUS ANCESTRY & MEDICAL	
Do you self-identify as an Indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please choose one: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Status <input type="checkbox"/> Non-Status	
If yes, which First Nation are you registered with?	
Do you have any medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain. (This information is strictly kept confidential)	

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EMERGENCY CONTACT (Please Print)

First Name	Last Name
Relationship	Phone Number

PREVIOUS ACTIVITY

Check the main activities during the past year
(Choose one only)

- Attended secondary school
- Attended post-secondary school
- Employed
- Unemployed, seeking work
- Unspecified

Check where activity occurred

- In BC
- In a different province other than BC
- In another country

EDUCATION

Schools Attended: Official transcripts are required for listed schools.

Name of School	City and Province	Grade or Program Completed	Grad Year

COLLECTION, USE, AND DISCLOSURE OF STUDENT INFORMATION

The personal information that appears on this application, and other personal information that forms part of your student record, is collected under the legal authority of the Private Career Training Institutions Act (SBC 2003 C 79) and the Personal Information Protection Act (SBC 2003 C 63). The information is used for research purposes of the College and/or the ministers or agencies of the provincial and federal governments. The information will be protected, used, and disclosed in compliance with those Acts. Your personal information will not be disclosed to any other person without your consent. However, NEC may be required to release a student's personal information if it becomes aware of compelling circumstances where there is a risk to the health and safety of the student or others. For further information, please contact the Colleges Dean of Student Services/Registrar, Tammy Harkey at 604.873.3772 or tharkey@necvancouver.org.

I hereby declare that the information on this application and on the attached document is, to the best of my knowledge, correct and complete.

Applicant's Signature

Date Signed

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NEC Programs

Certificate

Program Name	Spring 2017	Summer 2017	Fall 2017	Winter 2018
Aboriginal Adult Basic Education	■		■	■
Aboriginal Early Childhood Education			■	
Aboriginal Justice Studies			■	
Aboriginal Tourism Operations			■	
Aboriginal Youth Care			■	
Family & Community Counselling			■	
Health Care Assistant			■	
Health Care Assistant – Acute Care		■		
Health Care Assistant – Mental Health		■		
Health Care Assistant – Palliative Care		■		
Pathways to Health Careers			■	
Office Administration			■	

Diploma

Program Name	Spring 2017	Summer 2017	Fall 2017
Aboriginal Tourism Management			■
Aboriginal Early Childhood Education – Special Needs			■
Aboriginal Early Childhood Education – Infant & Toddler			■
Family & Community Counselling			■

Continuing Education

Program Name	Spring 2017	Summer 2017	Fall 2017
First Host			■