

Application for Admission

The below application must be filled out in full and sent to the college.



285 East 5th Avenue, Vancouver, British Columbia, V5T 1H2, Phone: (604) 873-3761 Ext. 328, Fax: (604) 873-9152
Email: admissions@necvancouver.org, Website: www.necvancouver.org

Have you previously applied or registered at the NEC? **(Please circle one):** Yes No

* Required information

Personal Information [Please Print] *

First Name

Middle Name

Last Name

Preferred First Name: _____ SIN: _____ - _____ - _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

(All NEC correspondence will be mailed to the above address. **(Notify Admissions of any change)**)

Home Phone: _____ Cell/Other Number: _____ Email: _____

Date of Birth: D _____ M _____ Y _____ Sex: Male Female Two Spirited Non-Binary

***Note:** this disclosure of your ancestry information is optional / voluntary. **(Please circle your selections)**

Do you identify yourself as an Aboriginal person; that is, First Nations, Métis, or Inuit? Yes No

If you identify yourself as an Aboriginal, are you: First Nation Métis Inuit *(Select all that apply)*

Are you registered under the *Indian Act* of Canada (i.e. Status Indian)? Yes No *(only one response can be chosen and response can only be “status” if a person self-identified as First Nations)*

Please Specify: _____ Band Tribal Council First Nation

Emergency Contact. Please provide us with someone that we can contact in case of an emergency.

Name: _____ Phone Number: _____

Relationship: _____

How Did You Hear About Us? Please Fill Out *

- NEC Staff Career / Craft Fair Band Employer Facebook / Social Media Family / Friend Flyers Former Student Friendship / Employment Centre High School Other School / Program Other Cultural Event Support Worker Walk by / NEC Sign Website Advertisement Search Engine

Other **(Specify):** _____

Please turn over and complete

Application for Admission (page two)

Education Information *

Please provide us with information on your educational background beginning with the most recent. Official High School transcripts are required for certain programs.

School Attended	City/ Province	Date Attended	Grade/Program Completed

What NEC program(s) are you interested in? **If you are interested in more than one program** please indicate your first choice and second choice. *

- | | |
|---|---|
| <input type="checkbox"/> Aboriginal Adult Basic Education (Grade 12) | <input type="checkbox"/> Essential Skills for Indigenous Business |
| <input type="checkbox"/> Aboriginal Justice Studies Certificate | <input type="checkbox"/> Family and Community Counselling Certificate |
| <input type="checkbox"/> Aboriginal Tourism Operations Certificate | <input type="checkbox"/> Family and Community Counselling Diploma |
| <input type="checkbox"/> Aboriginal Tourism Management Diploma | <input type="checkbox"/> Health Care Assistant Certificate |
| <input type="checkbox"/> Aboriginal Youth Care Certificate | <input type="checkbox"/> Post Health Care Assistant (Acute Care) |
| <input type="checkbox"/> College Connections (Grade 12 Completed) | <input type="checkbox"/> Justice and Public Safety Career Preparatory Certificate |
| <input type="checkbox"/> Early Childhood Education Certificate | <input type="checkbox"/> Office Administration Certificate |
| <input type="checkbox"/> Early Childhood Education Post Basic Diploma | <input type="checkbox"/> Pathways to Health Careers |
| <input type="checkbox"/> Other (Specify) _____ | |

Semester start date (**Please circle one**): Fall Winter Spring

Campus (**Please circle one**): NEC (Vancouver) Outreach (location):

Other Information:

Do you have any medical conditions or health problems that may affect your learning that you want the college to be aware of? If yes, please explain in the space below. This information is confidential and will not affect your acceptance to the college.

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 ministries 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 college's Dean of Student Services/Registrar (Tammy Harkey) by phone at 604-873-3772 or by email at tharkey@necvancouver.org.

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

Signature: _____ Date: _____