



# Native Education College

Where Learners Become Leaders

## Application for Admission

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

285 East 5<sup>th</sup> Avenue, Vancouver, BC V5T 1H2

Phone: 604.873-3761 Ext. 328 Fax: 604-873-1440

[www.necvancouver.org](http://www.necvancouver.org) Email: [admissions@necvancouver.org](mailto:admissions@necvancouver.org)

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

### Personal Information [Please Print]

First Name

Middle Name

Last Name

Preferred First Name: \_\_\_\_\_ S.I.N. \_\_\_\_\_ Personal Education Number (PEN) \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Other Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: M \_\_\_\_\_ D \_\_\_\_\_ 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 (ie Status Indian)? Yes No

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?

NEC Staff / Fair  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  Transit  Website  Search Engine

Other (Specify): \_\_\_\_\_

Please turn over and complete



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"/> Family and Community Counselling Certificate (Year 1) |
| <input type="checkbox"/> Aboriginal Justice Studies Certificate                | <input type="checkbox"/> Family and Community Counselling Diploma (Year 2)     |
| <input type="checkbox"/> Aboriginal Tourism Operations Certificate             | <input type="checkbox"/> Health Care Assistant Certificate                     |
| <input type="checkbox"/> Aboriginal Tourism Management Diploma                 | <input type="checkbox"/> Post HCA (Acute Care, Mental Health, Palliative)      |
| <input type="checkbox"/> Aboriginal Youth Care Certificate                     | <input type="checkbox"/> Indigenous Land Stewardship Certificate               |
| <input type="checkbox"/> Early Childhood Education Certificate (Year 1)        | <input type="checkbox"/> Justice & Public Safety Career Prep Certificate       |
| <input type="checkbox"/> Early Childhood Education Post Basic Diploma (Year 2) | <input type="checkbox"/> Northwest Coast Jewellery Arts                        |
| <input type="checkbox"/> Essential Skills for Indigenous Business              | <input type="checkbox"/> Office Administration Certificate                     |
| <input type="checkbox"/> Other ( <b>Specify</b> ) _____                        | <input type="checkbox"/> Pathways to Health Careers                            |

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 Training Act (SBC 2015 Sec 61) 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 by phone at 604-873-3772.

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: \_\_\_\_\_