



Family Resource Program Certificate Application Form

Return to: Laura Glover, Justice Institute of BC, 715 McBride Boulevard, New Westminster, BC V3L 5T4
email: counselling@jibc.ca or fax 604.528.5640

Applications will be accepted until August 15, 2011.

I have taken courses at the JIBC before.

Student number: _____ Personal Education Number (PEN): _____

If you do not know your student or PEN number, please provide: Your date of birth: _____

Your gender (check as many as apply): Male Female Trans _____

For our statistics, please provide this information: I am of Aboriginal heritage
 I have a disability(ies) or special needs

To help us better meet your needs, please describe your disability(ies)/special needs: _____

Immigration Status:

Canadian Citizen Permanent Resident Student VISA Other VISA

Non-Canadian Student Studying Outside of Canada

Other (specify): _____

LAST NAME _____ FIRST NAME _____

OCCUPATION OR TITLE _____ ORGANIZATION _____

STREET _____ CITY _____ PROVINCE _____

POSTAL CODE _____ EMAIL ADDRESS _____

PHONE NUMBERS _____ WORK _____ EVENING/HOME _____ FAX _____

Level of Education: Grade 12 Diploma Degree (_____)

Other _____

- Include your resume and letter of support from employer or immediate supervisor with your application.
- Applicants should have recent experience working with children 0-6 and their families.
- Successful applicants may be eligible for tuition subsidy.
- Successful applicants will be required to pay for their own travel, accommodation and meals throughout the training period.

Certificate Application Form – Part 2

Please describe the type of organization you work or volunteer in, your key responsibilities and client group served.

How long have you worked or volunteered in this position? _____

Date Started: _____ Position Title: _____

Previous work experience:

What other education, courses, workshops and training have you participated in during the last five years?

Please tell us why you are interested in this certificate.

Enclosed is my non-refundable application fee of \$75. This is required for all applications.

Payment information (Please note that your application fee is non-refundable)

Cheque is enclosed (payable to JIBC) VISA Mastercard

Card Number: _____ Expiry date: ____/____

Name on Card: _____ Cardholder Signature _____

For Office Use Only

Approved Date: _____

Acceptance Letter Sent

Added to TP2003

Application for Certificate Sent

Registration Notified

Library Notified