



JIBC

School of Community & Social Justice

Centre for Counselling & Community Safety



Family Resource Program (FRP) 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 July 20, 2012

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

Last Name:		First Name:		Middle Name/Initial:	
I have taken courses from the JIBC before: <input type="checkbox"/> Yes <input type="checkbox"/> No					
I am currently working in a BC Family Resource Program: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> No					
Please specify: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (specify # hours per week): _____ <input type="checkbox"/> N/A					
Address <input type="checkbox"/> Home <input type="checkbox"/> Work					
Street:					
City:		Province:		Postal code:	
Organization:			Position:		
Contact Information					
Home Phone:			Business Phone:		
Cell or Pager:			Email:		
Personal Information					
Date of Birth (yyyy/mm/dd):			Gender (as many as apply): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans		
Immigration Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa <input type="checkbox"/> Other Visa <input type="checkbox"/> Other (Specify):					
<input type="checkbox"/> I am of Aboriginal Heritage <input type="checkbox"/> Métis <input type="checkbox"/> First Nations <input type="checkbox"/> Inuit			Previous Names (if any):		

Level of Education: Grade 12 Diploma Degree _____ Other _____

Please also complete Part 2 of this Application Form

FRP Certificate Application Form – Part 2

Date Started with FRP: _____ Position Title: _____

Please describe the type of organization you work or volunteer in, your key responsibilities, client group served, and how long you've worked there.

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

Please tell us why you are interested in this training. How would your participation in this training benefit you and your program? (Attach additional sheets as needed).

Enclosed is my non-refundable application fee of \$75.

Cheque enclosed (payable to JIBC) VISA Mastercard

Card Number: _____ Expiry Date: _____ / _____

Name on Card: _____ Cardholder Signature: _____

For office use only:

- Payment rec'd
- Application complete (Application Form, Resume, Letter of Support)
- Approved Date: _____
- Acceptance letter sent
- Added to TP
- A B C