



Last Name:	First Name:	Middle Name / Initial:
------------	-------------	------------------------

I have taken JIBC courses before: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Number (if known):
--	----------------------------

Address	Home	Work
Street:		
City:	Province:	Postal code:
Organization:	Position:	

Contact Information	
Home Phone:	Business Phone:
Cell or Pager:	Email:

Personal Information	
Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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"/> Non-Canadian Studying Outside Canada <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 <input type="checkbox"/> Status <input type="checkbox"/> Non-Status	Previous Name (if any):
Disabilities or Special Requirements (please describe):	

Certificate Specialization	
<input type="checkbox"/> Associate Certificate in Leadership and Conflict Resolution (\$75)	<input type="checkbox"/> Mediation/Third-Party Intervention Certificate (\$125)
<input type="checkbox"/> Associate Certificate in Workplace Conflict (\$75)	<input type="checkbox"/> Negotiation Certificate (\$125)
<input type="checkbox"/> Associate Certificate in Conflict Coaching (\$75)	<input type="checkbox"/> Family Mediation Certificate (\$175)
<input type="checkbox"/> Certificate in Advanced Facilitation and Consultation (\$75)	

Payment Information (Please note that your application fee is non-refundable)		
<input type="checkbox"/> Cheque Enclosed (payable to JIBC)	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	*If you are paying by credit card, please fill in your credit information after printing.
Card Number:	Expiry Date:	Three digits on back of card:
Name on Card:	Cardholder Signature:	

Billing Information (If this is to be charged to an organization)	
Organization:	
Department:	Contact:
Applicant Signature:	Date:

The Justice Institute of British Columbia respects your privacy. Personal information that you provide is collected pursuant to federal and provincial privacy legislation. It is collected for the purpose of administering admissions, registration, education programs, financial assistance and awards, student support services, graduation, alumni affairs and advancement, and for the purpose of statistical reporting. It may be disclosed to other educational institutions, federal and provincial government departments, co-sponsoring organizations, and the JIBC Alumni Association. Personal information is reported to Statistics Canada under the legal authority of the Statistics Act (see <http://www.statcan.gc.ca/eng/survey/participant01>). If you require further information please see: <http://www.jibc.ca/privacy> or contact the Office of the Registrar.

Send completed form to: admissions@jibc.ca OR fax to (604) 528-5653 or mail to:

JIBC / Admissions 715 McBride Blvd. New Westminster, BC V3L5T4

Phone: (604) 528-5632 or Toll Free: 1 (888) 799-0801

www.jibc.ca/Conres