



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 <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 (mm/dd/yyyy):			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"/> 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			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)			
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"/> MC <input type="checkbox"/> AMEX		Do not email your credit card information to the JIBC. If emailing your form, please phone in your credit card information.	
Card Number:		Expiry Date:			
Name on Card:		Cardholder Signature:			
Billing Information (If this is to be charged to an organization)					
Organization:					
Department:			Contact:		
Applicant Signature:			Date:		

Send completed form to Student Services at: register@jibc.ca OR by fax to (604) 528-5653 OR mail to:

JIBC / Student Services

715 McBride Blvd. New Westminster, BC V3L 5T4

Phone: (604) 528-5590 or Toll Free: 1 (888) 799-0801