

FIRE & SAFETY DIVISION CERTIFICATE/DIPLOMA APPLICATION FORM FOR DOMESTIC AND INTERNATIONAL STUDENTS

Fields marked with an asterisk* are mandatory for government reporting purposes.
Information is protected under privacy legislation.

TODAY'S DATE: _____		HAVE YOU EVER TAKEN A COURSE AT JIBC? YES NO	
IF YES , JIBC STUDENT NUMBER (IF KNOWN): _____		PEN (IF KNOWN): _____	
*LAST NAME		*FIRST NAME	MIDDLE NAME OR INITIAL
POSITION		ORGANIZATION	

The following is my: Work address Home address

*STREET NAME AND ADDRESS			
*CITY/TOWN		*PROVINCE/STATE	*COUNTRY
*POSTAL CODE / ZIPCODE	E-MAIL ADDRESS		FAX
EVENING OR HOME PHONE	DAY PHONE	CELL PHONE	PAGER
*DATE OF BIRTH (MM/DD/YY): _____ PREVIOUS NAME USED FOR REGISTRATION, IF ANY: _____			
*IMMIGRATION STATUS: CANADIAN CITIZEN PERMANENT RESIDENT NON-CANADIAN STUDYING OUTSIDE CANADA			
*IF NON-CANADIAN, SPECIFY YOUR CITIZENSHIP _____			
*GENDER :	MALE	FEMALE	TRANS
DO YOU IDENTIFY YOURSELF AS AN ABORIGINAL PERSON?			Yes No
IF YES, ARE YOU:	FIRST NATIONS	MÉTIS	INUIT
PLEASE INDICATE IF YOU ARE:			STATUS NON STATUS
DISABILITIES OR SPECIAL REQUIREMENTS (PLEASE DESCRIBE):			
If you have learning, emotional or physical challenges that may impact on your success as a student, it is in your best interest to work with the JIBC Student Learning Supports Centre, Disability Resources to ensure that you have the necessary supports to be successful. To contact the Manager, email disability@jibc.ca or phone 604.528.5884 or 1.877.275.4331. Confidentiality is assured.			

These programs have Admission Requirements. Please ensure all supporting documentation accompanies your application.

PROGRAM NAME	DOMESTIC FEE	INTERNATIONAL FEE	REQUESTED PROGRAM
Fire Officer Certificate	\$75.00	\$150.00	<input type="checkbox"/>
Fire Prevention Officer Certificate	\$75.00	\$150.00	<input type="checkbox"/>
Fire & Safety Studies Diploma	\$75.00	\$150.00	<input type="checkbox"/>

ENCLOSED IS MY APPLICATION FEE PAYMENT OF \$ _____ (\$75 Domestic or \$150 International)

Cheque or money order. Cheque issued by Student or _____

Mastercard VISA Name of Card Holder: _____

CARD NUMBER: _____ **EXPIRY DATE MM/YY:** ____ / ____ **CVV:** _____

SIGNATURE OF CARD HOLDER:	JIBC USE ONLY: AUTHORIZATION NUMBER
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Please check this box if you do not want to receive future mailings about JIBC programs.

Send your application form, supporting documentation and application fee to:
JIBC Registration Office, 715 McBride Boulevard, New Westminster, BC, Canada, V3L 5T4
Fax: 604-528-5653; Email: admissions@jibc.ca

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, graduation and advancement, and for the purpose of statistical reporting to government agencies. If you have questions, please contact the Office of the Registrar at 604.528.5590.

If I am admitted to JIBC, I agree to familiarize myself with and abide by the most current policies of the Institute during my tenure as a student at the Institute.

Signature: _____ Date: _____