



AURORA COLLEGE

APPLICATION FOR TRAINING

YELLOWKNIFE CAMPUS
 5004-54th Street,
 Northern United Place
 P.O. Bag Service 9700
 Yellowknife, NT
 X1A 2R3
Phone: (867) 920-3030
Fax: (867) 873-0333

1. Complete a separate application for EACH course you are registering for.
2. Payment via cash, cheque, Visa or Mastercard will be accepted with this application. Cheques are to be made payable to **Aurora College**. Completion of "invoice employer section" is considered payment and all terms and conditions regarding the withdrawal policy apply as if actual payment has been received by the college.
4. **Cancellation of registration must be received by AURORA COLLEGE in writing no less than 15 calendar days prior to the start date of the course.** A \$50.00 cancellation fee will apply to all withdrawals received 15 calendar days prior to the start date of the course. No refunds will be issued after 15 calendar days prior to the start date of the course. Those who have authorized invoicing have agreed contractually to issue payment upon receipt of an invoice.

Section 1: Course Information

Course Title: _____ Cost: \$ _____
 Start Date: _____ Payment Method: Cash Cheque Visa
 End Date: _____ Mastercard Invoice

INVOICE EMPLOYER Complete the following:

Forward Invoice to ATTENTION: _____
 Company Name/Department: _____
 Mailing Address: _____
 Authorizing Signature: _____
 Phone: _____ Fax: _____

Section 2: Applicant Information

Applicant's Name: _____ FIRST _____ LAST _____
 Mailing Address:
 Community: _____ Box/Street: _____ Postal Code: _____
 Date of Birth: _____ (Y) (M) (D) Gender: Male Female
 Phone: (h) _____ Phone: (w) _____ Fax: _____
 E-mail: _____
 Applicant's Signature: _____ Date: _____

Section 3: Financial Coding & Authorization to Invoice the GNWT

DESCRIPTION:			
UNIT	ACCOUNT	PROJECT	AMOUNT
SPENDING AUTHORITY Certified pursuant to subsection 44(1) or 49(2) of the Financial Administration Act		PAYMENT/COMMITMENT AUTHORITY Certified pursuant to subsection 44(1) or 40(2)(B) of the Financial Administration Act	
_____ SIGNATURE	_____ DATE	_____ SIGNATURE	_____ DATE