



CONTINUING EDUCATION APPLICATION FOR TRAINING

Read these terms and conditions before completing this form. Applicants will not be considered to have registered for a course until completed application form(s) and full payment have been received.

1. Complete a separate application for EACH course you are registering for.
2. Application forms must be received by **Aurora College** at least 14 days (2 weeks) prior to the start of the course you are applying for.
3. Payment via cash, cheque, Visa or MasterCard will be accepted with the application. Cheques are to be made payable to **Aurora College**. Completion of "Invoice Employer" section is considered payment and conditions regarding the withdrawal policy apply as if actual payment has been received by **Aurora 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 of the course. No refunds will be issued after 15 calendar days prior to the start of the course. Those who have authorized invoicing have agreed contractually to issue payment upon receipt of an Invoice.

**** Aurora College is a SCENT FREE Facility in all locations across the NWT as per our Scent Allergy Guidelines as modified from the Government of the Northwest Territories Scent Allergy Guidelines for HR Staff - January 2009 ****

Section 1 - Course Information:

Course Title: _____ Course Number: _____

Start Date: _____ End Date: _____ Cost: _____

Community: _____

Payment Method: Cash Cheque Visa MasterCard Invoice (see below for authorization)

Section 2 - Applicant Information:

Applicant's Name: _____

Previous Family Name (if applicable): _____

Mailing Address: _____ City/Town: _____

Postal Code: _____ Phone (w): _____ Phone (h): _____ Phone (cell): _____

Email Address: _____

Date of Birth: Day: _____ Month: _____ Year: _____ Gender: Female Male

Ethnicity: Dene Inuvialuit Gwich'in Metis Other

Social Insurance Number: _____ Oil/Gas Related? _____

Section 3 - Release of Information:

I allow Aurora College to:

1. Use my name/photo for promotional purposes. Yes No
2. Provide my name to potential employers at their request. Yes No
3. Provide my mailing address/phone number to potential employers at their request. Yes No

Applicant Signature: _____ Date: _____

INVOICE EMPLOYER SECTION

(COMPLETE THE FOLLOWING)

Coding: _____

Company Name/Department: _____

Employer Mailing Address: _____

Attention: _____ Phone: _____ Fax: _____

Authorized Signature: _____ Date: _____