



AURORA COLLEGE 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 date of the course you are applying for.
3. 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 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.

Section 1 – Course Information

Course Title: _____ Course Number: _____
 Start Date: _____ End Date: _____
 Cost: \$ _____ Community: _____
 Payment Method: Cash Cheque Visa MasterCard

Section 2 – Applicant Information

Applicant's Name: _____
 Previous Family Name (if applicable): _____
 Box / Street: _____ City: _____ Postal Code: _____
 Phone: (W) _____ Phone: (H) _____ Fax: _____
 Email: _____
 Date of Birth: Day _____ Month _____ Year _____ Gender: Female Male
 Ethnicity: Dene Inuvialuit Gwich'in Metis Other
 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)

Attention: _____ Company Name/Department: _____
 Employer Mailing Address: _____
 Authorizing Signature: _____ Date: _____
 Phone: _____ Fax: _____