

APPLICATION FORM

Agency: _____

Contact person: _____

PERSONAL INFORMATION

| | | | |
|-------------------------------|--|-----------------------------------|--|
| First name | | Last name | |
| Middle name | | Date of Birth (yyyy-mm-dd) | |
| Nationality | | First Language | |
| Gender | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other | Are you an international student? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Passport or ID Number | | Expiration date (yyyy-mm-dd) | |
| Passport or ID issued country | | Current status in Canada | |
| Email address | | Phone number | |

RESIDENCE ADDRESS

| | | | |
|--------------------|----------|-------------|---------|
| Residence Address: | | | |
| City | Province | Postal Code | Country |

EMERGENCY CONTACT

| | | | |
|---------------|--|--------------|--|
| Full name | | Relationship | |
| Email address | | Phone number | |

PROGRAM SELECTION

| | | | | |
|---------------------|--|---------------------------------------|---|---|
| Program | <input type="checkbox"/> Personal Support Worker <input type="checkbox"/> Early Childhood Assistant <input type="checkbox"/> Business Administration | Program Intake | <input type="checkbox"/> June 12, 2023 <input type="checkbox"/> October 2, 2023 <input type="checkbox"/> January 15, 2024 | <input type="checkbox"/> April 8, 2024 <input type="checkbox"/> July 22, 2024 <input type="checkbox"/> November 4, 2024 |
| English Proficiency | <input type="checkbox"/> IELTS <input type="checkbox"/> TOEFL <input type="checkbox"/> CAEL <input type="checkbox"/> Duolingo | | | |
| High school diploma | <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, please provide wonderlic score | | |

DOCUMENTS CHECK LIST

| | | |
|---|--|--|
| <input type="checkbox"/> Valid Government Issued photo ID | <input type="checkbox"/> Proof of English Proficiency | <input type="checkbox"/> Academic Transcripts |
| <input type="checkbox"/> Medical Insurance (Int.) | <input type="checkbox"/> Vulnerable sector disclaimer (PSW, ECA) | <input type="checkbox"/> Medical disclaimer (PSW, ECA) |
| How would you like to pay application fee? <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Cheque <input type="checkbox"/> Wire-Transfer | | |
| Do you need any disability accommodation? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please describe detail: | | |

I HEREBY CERTIFY that the information provided in this form is complete, true and correct to the best of my knowledge. FURTHER, I HEREBY ACKNOWLEDGE that I have read and understood the Toronto Business College (TBC) Privacy Notice and agree thereto as well. I give my consent to TBC to collect, use and process my personal information.

Applicant's name _____

Applicant's sign _____

Date yyyy-mm-dd