



PATAL
INTERNATIONAL
COLLEGE LTD.

PATAL INTERNATIONAL COLLEGE LTD.

5th Floor – 319 Elgin Avenue, Winnipeg, MB R3A 0K4
Telephone: (204) 944-8202 Fax: (204) 944-8207

APPLICATION FORM

Name of Course applying for: _____

Name of Applicant: _____

Address: _____

Postal Code: _____ Telephone: _____

Date of Birth: _____ S.I.N. Number: _____

Email: _____

Referral made by: _____

Last Grade completed: _____ Year: _____

Other Formal Training:

Do you have a Valid Driver's License? Yes _____ No _____

Circle that applies to you:

Indigenous Disabled Visible Minority Other _____

The private vocational institution is prohibited by law from guaranteeing employment for any student or prospective student.

Patal International College, reserves the right to cancel or delay the start date of a program if enrolments are not sufficient.

Signature of Applicant _____
Date

<u>Office Use Only:</u>	
Interview Date: _____	Student No.: _____
Start Date: _____	End Date: _____
T.A.B.E Test Scores: Math: _____	Reading: _____

What was your last occupation? _____

How long did you work there? _____

When did this job end? _____
Month Day Year

During the last 12 months, were you:

a) Employed: _____ b) Unemployed: _____

c) In Training (School): _____

d) Other (please specify): _____

Are you presently receiving **E.I. benefits**? Yes _____ No _____

If yes, when does your claim expire? _____

Are you receiving **Workers Compensation**? Yes _____ No _____

Are you presently receiving **Income Assistance**? Yes _____ No _____

Marital Status: Single _____ Married _____
Widowed _____ Divorced _____
Separated _____ Other _____

Dependents that live with you:

Name	Age	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you require Childcare/Daycare? Yes _____ No _____

If yes, what steps have to taken to date? _____

I hereby declare that the information I have provided is accurate and to the best of my knowledge.

Signature of Applicant Date