

## **GITKSAN WET'SUWET'EN EDUCATION SOCIETY**

4125 River Road, Box 418, Hazelton, BC V0J 1Y0 Phone: 250-842-0216 Fax: 250-842-2219

## **Environmental Resource Technology Certificate Application**

Personal Information (Please print clearly and complete this form thoroughly)												
Last Name:		First	First Name:				Middle Name:					
Previous/Maiden Name:		Date	Date of Birth: MM/DD/YYYY				Gender:  ☐ Male or ☐ Female					
Permanent A	Address:											
Address:												
City:			Province:					Postal Code:				
Contact Info	rmation:											
Telephone:	none: Cell Phone			<del>)</del> :			Email Address:					
Social Insura	ocial Insurance Number: Care Card			Number:			N (Perso	nal Education Number):				
Do you identify yourself as an Aboriginal person: ☐ Yes or ☐ No If yes, are you (select one or more): ☐ First Nation Status ☐ Non-Status ☐ Inuit ☐ Métis												
Band Name/Sponsor (if applicable):							tatus Number:					
Proof of Identity—List ID here: (Administration—please photocopy for student records)  IN CASE OF EMERGENCY												
Contact Information:												
	rmation:		T					Deletteral				
Name:			Telephone:					Relationship:				
Name:			Telephone:					Relationship:				
Name:			Telephone:					Relationship:				
Medical Con	ditions (if yes, please des	cribe below	)									
Do you have any allergies or medical conditions:				Do you have any special			special n	eeds:				
0	FFICE USE ONLY											
A	Application Received By:					Date:						
A	Application Processed By:					Date:						

For more information regarding our education and training initiatives, visit our website at <a href="www.gwes.ca">www.gwes.ca</a>

## **HIGH SCHOOL EDUCATION**

Note: Official high school transcripts must be forwarded from the high school for admission to be granted

V.I I I . C								
School Information:			O:tr. ::				Danisa	
lame of School:			City:				Province:	
ast year attended: MM/YYYY	<i>'</i>	Did you graduate:	0	If yes, Gradua		tion Year:		
POST-SECONDARY EDUCA	TION							
lote: Official post-secondary t	transcripts	must be forwarded from	om the institution	on foi	r transfer c	redit t	o be granted	
Iniversity or College	From (MI	M/YYYY)	To (MM/YYYY)			Program		
							_	
PLEASE NOTE: To avoid			• •				•	
documentation has been so	ubmitted a	liong with your comple	ted application	pacı	kage as so	on as	possible.	
PRIVACY CONCERNS: Fr	om time to	time, the Gitksan We	t'suwet'en Edu	ıcatic	n Society	(GWE	S) may use the name	
and photographs of enrolle					-	•	, ·	
urged to notify the GWES	Systems A	dministrator when app	lying for admis	ssion	•			
DECLARATION								
DECLARATION								
I declare that the information	on I have s	submitted in this applic	ation is comple	ete ar	nd correct.	Omis	sion of information or	
falsification of any docume	nt submitte	ed may result in the im	mediate cance	llatio	n of admis	sion o	or registration.	
Completion of this applicati	ion permits	s the institute to reques	st and/or confir	m ar	ny informati	on ne	ecessary to support my	
application for admission.								
I understand that the inform record, is collected under the	•	• • •						
will be protected and used		•						
may be used for internal ac					-			
institutional research, plant		_	-				-	
Wet'suwet'en Education So	•		inioo roidtod to		ig a mome	0. 0		
	•	•						
I understand that this applie	cation is a	request for admission	, and does not	guar	antee adm	issior	n to any program or	
course. Admission is subje	•							
requirements, and space a								
Gitksan Wet'suwet'en Educ	cation Soc	iety, including those of	the program in	n whi	ich I shall b	e reg	istered.	
Signature			Date	2				