

## TRAINING PLUS

120-19092 26<sup>TH</sup> Ave Surrey, BC V3Z 3V7

(Phone) 604-538-5101 (Toll Free Phone) 1-800-661-3001 (Fax) 604-538-5104 (Email): training@liuna1611.ca

<b>Student Last Name</b>		<b>Student First Name and Middle Name</b>	
<b>Employer:</b>			
<b>SIN or Membership #</b>		<b>Email Address</b>	
<b>Student BC Mailing Address</b>		<b>City</b>	
<b>Postal Code</b>	<b>Phone Number</b>	<b>Alternate Phone Number</b>	
<b>Course Name:</b>			
<b>Course Start Date:</b>		<b>Course End Date:</b>	

Do you identify yourself as an Indigenous person?

Yes  No  First Nations – Community \_\_\_\_\_  Metis  Inuit

Emergency Contact Information	
Name: _____	Phone # _____
Relationship: _____	

## STUDENT DECLARATION

I declare that:

- I have read, understood and agree to the terms and conditions of this enrolment contract.
- I have the qualifications as required by the CSWTS for this program of study
- The information provided is true and accurate and I am 19 years of age or older.
- I have read, understood and agree to the CSWTS's following documents and a copy has been provided to me:
  - Dispute Resolution/Grade Appeal Policy
  - Dismissal Policy and Code of Conduct
  - Admissions Policy
  - Program Outline
  - Harassment Policy

Signed by:

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date Signed

## CONSENT FORM

**IMPORTANT:** This form must be signed and returned to CSWTS. Failure to do so will limit the CSWTS's ability to effectively administer your training goals.

I, \_\_\_\_\_,

**Print Name Clearly**

consent to CSWTS collecting, using and disclosing personal information about me in accordance with this form and CSWTS Privacy Policy, including disclosing information to the various Benefit/Trust funds constituted by a Collective Agreement to which the Society is signatory. I acknowledge that the Privacy Policy is available upon request and I have had an opportunity to review it if I so choose. I also agree to the release of any and all photographs taken. These images will not be shared with anyone and will be used for educational purposes only.

If you do not consent to the collection, use and disclosure of this information check here (  ).

My personal information collected by the CSWTS will only be used for the purpose for which it was originally collected or for a use consistent with that purpose unless I expressly consent otherwise.

Under the Personal Information Protection Act, I understand that I am entitled to access my student file.

I hereby authorize the release of my personal information to the  
**Construction & Specialized Workers' Training Society and the Union CSWU Local 1611.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**