

# **Application Form**

We Are Welders, Women's Welding Program 2021

PO Box 700, 2160 Fourth Line Ohsweken ON NOA 1M0 519 445-0023 phone 519 445-4416 fax

> Brantford Campus 411 Elgin Street Brantford ON N3S 7P5 519-226-1245 phone www.snpolytechnic.com

#### Instructions:

Please complete the following application in full. If a section is not applicable please leave it blank. There are 4 sections, plus a consent form that need to be completed as part of this application. Please ensure you include an email address as you will be contacted via email regarding your application.

To appl	y for this program, you must meet the following requirements:			
	OSSD or equivalent; or Pass a mature student test; or in the process of completing an OSSD or equivalent.			
	Minimum 16 years old or older.			
	Must be a resident and able to work in Ontario.			
	Meet the household income requirements as set out by the Ministry of Community, Children and Social Services.			
	Complete a pre-screen assessment. (Will be scheduled after your application is submitted)			
Additio	nal Documentation required as part of your application:			
	An official copy of your high school transcript			
	Copy of Photo ID (i.e. Driver's Licence, Status Card, etc.)			
Submit	ting your application:			
· ·	ou have completed your application and have the required additional documents please email your to <a href="mailto:skilledtrades@snpolytechnic.com">skilledtrades@snpolytechnic.com</a>			
You may also drop off a printed copy of your application at either campus location:				

2160 Fourth Line 411 Elgin Street

 Ohsweken ON N0A 1M0
 Brantford ON N3S 7P5

 519 445-0023 phone
 519-226-1245 phone

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Ohsweken Campus

#### Disclaimer re: eligibility and admission requirements.

This program is funded by the Ontario Ministry of Labour, Training and Skills Development (the Ministry). Information collected on this application will be used solely for the purposes of assessing eligibility and reporting as per the program guidelines set out by the Ministry. Completion of this application does not guarantee acceptance into this program. Once your application has been received it will be reviewed for completeness and assessed against the eligibility criteria. All applications will be acknowledged, and you will be contacted if your application is incomplete or if there are further questions.

**Brantford Campus** 

## Section 1: Personal Information

(click to enter text)	(click to enter text)	(click to enter text)	
Legal Surname	First Name	Middle Name(s)	
(click to enter text)	(click to enter text)	(click to enter) (click to enter)	
Blue Flag # OR Street #	Street or Road Name	PO Box # RR #	
(click to enter text)	(click to enter text)	(click to enter text)	
City	Province	Postal Code	

(click to enter text)	(click to enter text)	(click to enter text)		
Home Phone #	Cell Phone #	Email Address		
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.		
Date of Birth	Current Age	Gender		
Status in Canada	<ul> <li>□ Canadian Citizen</li> <li>□ Permanent Resident</li> <li>□ Other Please specify: Click or tap here to enter text.</li> </ul>			
Please complete if you wish to self-identify as a member of a designated group(s). Your response to this question is entirely voluntary.				
☐ First Nations ☐ Mé	etis 🗆 Inuit			
☐ Person with Disability ☐ Rad	cialized Person   Francophone			

# Section 2: Academic History

Please provide an official copy of your high school transcript as part of your application.						
Have you attended Six Nations Polytechnic in the past? ☐ Yes ☐ No						
	If yes, which program did you attend? Click or tap here to enter text.					
Please	Please indicate your highest level of education completed: .					
	Grade 12 or equivalent		Certificate of Apprenticeship			
	Grade 11		Journeyperson			
☐ Grade 10 ☐ Certificate or Diploma						
	Grade 9		Degree			
	Grade 0 - 8					

## Section 3: Program Selection

We Are Welders - August 23, 2021 − March 18, 2022

PLEASE NOTE: Dates of programs may change due to government restrictions surrounding the COVID-19 pandemic.

All programs will be a blend of in-person and online classes. Access to a computer and internet will be required.

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Sec	tion 4: Additional Information:		
Did	you attend an information session?		Yes □ No
	a. If yes, please provide date	Clic	k or tap to enter a date.
	e tell us briefly, why you chose this program a mum 500 words	nd ca	reer?
Clic	k or tap here to enter text.		
How	did you hear about Six Nations Polytechnic and	d thes	e programs?
	Brantford Expositor		SNP recruiter
	Internet Search		Open House
	Social Media (i.e. Facebook, etc.)		Other Please specify: Click or tap here to enter text.
<u>Hous</u>	ehold Income:		
How	many people reside in your household? <u>Click</u>	or tap	here to enter text.
What	is your total gross family income (before taxes	s)? P	lease select one.
	\$0 - \$24,999		\$75,000 - \$99,999
	\$25,000 - \$49,999		\$100,000 and over
	\$50,000 - \$74,999		



## **Consent Form**

Pre-Apprenticeship Programs

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#### Student Information

(click to enter text)	(click to enter text)		(click to enter text)
Legal Surname	First Name		Middle Name(s)
(click to enter text)		(click to enter text)	
SNP Student Number (if applicable)		SNP E-mail Addr	ress (if applicable)

### Consent to Request Information

I, (type legal name), provide my consent, as may be required by statute, to Six Nations Polytechnic to request copies of information from educational and employment and training institute(s); federal, provincial and Six Nations government offices/agencies. This consent allows Six Nations Polytechnic to verify information.

#### Consent to Release Information

I, (type legal name), provide my consent, as may be required by statute, to allow Six Nations Polytechnic to release information and provide copies of documentation to educational and employment and training institutes(s) and federal, provincial and Six Nations government offices/agencies. This consent allows Six Nations Polytechnic to provide information pertaining to my enrolment.

#### Declarations

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Sti	uc	ıe	n	I

☐ <b>I,</b> (type lega	al name),	have read and agree to the above.	Date: (select)
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