

Personal Information

First Name:		Middle Name:		Last Name:	
Maiden or Previous Name:			Gender:	Date of Birth: Year Month Day	
Phone: (Home)			Phone: (Cell)		
Email Address:					
Address:			City / Province / Postal Code:		
Preferred Method of Contact: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email			Referral Source:		
Photo Identification Number: (<input type="checkbox"/> Driver's License, <input type="checkbox"/> Passport, <input type="checkbox"/> Permanent Resident Card, <input type="checkbox"/> Other)				Expiry Date: Year Month Day	
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student / Visitor / Work Visa		Country of Origin:		First Language:	
				Arrival Date: (If applicable) Year Month Day	

Emergency Contact Information

Contact person (s) in case of emergency. If possible, please include at least one contact person that resides outside your residence.

Name	Relationship	Phone

Personal Medical Information

Do you have any severe allergies or other medical conditions that we should be aware of?		Yes		No	
Are you taking any medications that we should be aware of?		Yes		No	
If yes to either question above, please list and explain (i.e.; seizures, diabetes, physical disability, phobias, mental health problems, medications, etc.)					
MB Health Registration No.: (Family Medical - 6 digits)		Personal Health Identification No.: PHIN (Personal Medical - 9 digits)			
Other Health Insurance Provider Name: (if applicable)		Policy No.:			

Academic History

K – 12 Education		Last School Attended:									
Last Year Attended:	Last Grade Completed:	High School Graduate:			Yes		No				
Special Help Received, If Any:											
Barriers to Learning		Family History:	Yes		No		Documentation:	Yes		No	
Findings:											
Post-Secondary Education		College or University Attended:									
Last Year Attended:	Program Length:	College or University Graduate:			Yes		No				
Name of Degree / Diploma / Certificate:											
Other Training or Program		Program Attended: (i.e., WIS, BFC, Sam. House, UFCW, ACC AC)									
Last Year Attended:	When / How Often Attended:				Still Attending:	Yes		No			
English as an Additional Language (EAL) learner		Age When First Learned English:	Place Where Learned English:			CLB Level:					

Program Goal

<input type="checkbox"/> Improve skills to help at home or in the community <input type="checkbox"/> Upgrade skills to go to college or university <input type="checkbox"/> Improve skills and take a high school credit course <input type="checkbox"/> Take a high school credit course(s) Please list course(s): _____ <input type="checkbox"/> Get a high school diploma or a mature student high school diploma (MSHSD) <input type="checkbox"/> Attend a training program	<input type="checkbox"/> Prepare for the GED <input type="checkbox"/> Find employment (not currently working) <input type="checkbox"/> Find better employment (currently working) <input type="checkbox"/> Improve computer skills <input type="checkbox"/> Take a short course offered at BLC <input type="checkbox"/> Assessment <input type="checkbox"/> Other: _____
Long Term Goal: (Education Employment Personal)	

Preferred Mode of Delivery

<input type="checkbox"/> In-class	<input type="checkbox"/> Online / Email (Paperless delivery)	<input type="checkbox"/> Distance / Work from Home (paper packages)
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Application Checklist – I have included the following . . .

<input type="checkbox"/> Application Form	<input type="checkbox"/> Demographics Form	<input type="checkbox"/> Manitoba High School Transcript (if applicable)
<input type="checkbox"/> Consent Form	<input type="checkbox"/> Copy of Photo ID & MB Health Card	<input type="checkbox"/> Canadian Language Benchmark (CLB) (if applicable)