

PERSONAL INFORMATION

Name: \_\_\_\_\_  
Surname (Last name)                      First Name                      Middle Name

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Maiden or Previous Name(s)                      Gender:    M            F                      Date of Birth:    dd            mm            yy

Address: \_\_\_\_\_  
(Street, PO Box #)                      (City)                      (Province)                      (Postal Code)

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
(Home Phone Number)                      (Cell Phone Number)                      (E-mail)

Do you have a SIN #? \_\_\_\_\_ Do you have a SK Health Card? \_\_\_\_\_ Drivers License? \_\_\_\_\_

Are you a First Nation member?    **No**        **Yes**   

If yes, to which First Nation do you belong? \_\_\_\_\_

Emergency Contact Information: Name: \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_ Cell/Phone # \_\_\_\_\_

EDUCATION INFORMATION

Is English your first language?    Yes        No        (If No, proof of English proficiency is required.)

1) K-12 Schooling  
 a) Name & location of the last K-12 school you attended: \_\_\_\_\_  
 b) Last year you attended K-12 school: \_\_\_\_\_  
 c) What grade have you successfully completed? \_\_\_\_\_

2) Adult Basic Education (ABE)  
 a) Have you previously attended Adult Basic Education (ABE)?    No        Yes      
 If yes:    i) Location of former ABE program \_\_\_\_\_  
           ii) Last year attended \_\_\_\_\_

**TECHNOLOGICAL INFORMATION**

1) Do you have access to a computer/tablet at home? \_\_\_\_\_ Access to internet? \_\_\_\_\_  
 2) What is your skill level with computers?    None            Basic            Intermediate            Advanced  
 3) Have you taken any online courses? \_\_\_\_\_

**EDUCATION GOAL/INFORMATION**

What is your education and/or career goal?  
 \_\_\_\_\_

Complete all pages of the application and sign and date prior to submitting

Why are you motivated to enroll in the Southeast College at this time?

What have you been doing since you left school?

Please list your work/volunteer history and other interests:

Please identify anyone that supports or encourages your efforts of continuing your educations at this time:

What good experiences did you have in school?

What strengths do you possess that will help you succeed in completing your education: (i.e. good study habits, organizational skills, strong writing skills, math skills, etc.)

What areas would you like to improve while you are attending the ABE/ESWP Program? Put an "x" beside any that apply

<input type="checkbox"/> Spelling	<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Memory	<input type="checkbox"/> Taking Notes
<input type="checkbox"/> Writing Skills	<input type="checkbox"/> Math Skills	<input type="checkbox"/> Understanding instructions	<input type="checkbox"/> Writing tests/exams
<input type="checkbox"/> Reading Skills	<input type="checkbox"/> Budgeting	<input type="checkbox"/> Organization	<input type="checkbox"/> Research Skills
<input type="checkbox"/> Communication Skills	<input type="checkbox"/> Paying Attention	<input type="checkbox"/> Developing Study Habits	<input type="checkbox"/> Problem Solving
<input type="checkbox"/> Other (specify) _____			

A new anti-spam law came into effect July 1, 2014 in Canada, we now need your consent to contact you:  
 I hereby consent to Southeast College sending me program related information, notifications, invitations and etc. via e-mail, text or other electronic means. I understand that I can change my preferences and unsubscribe from receiving such materials at any time.

The information on this form is collected under the legal authority of the Regional Colleges Act 1988 and the Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP). The information is used for administrative and statistical purposes by Southeast College and/or Ministries and Agencies of the Saskatchewan Government and the Government of Canada. If you have any questions about the collection or use of this information please contact the Registrar, Southeast College.

I hereby certify that all the information on this form is true and complete. I understand that false information may result in the cancellation of my status as a registered student. If admitted I agree to abide by the rules and regulations of the institute, including the payment of fees.

I give Southeast College permission to release information about my performance in this program to the following agency that provides me with funding \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Signature

WORK HISTORY AND MOTIVATORS