

FIRE FIGHTER PROGRAM STUDENT APPLICATION- Please type or Print in BLOCK letters

Have you taken a course at the JIBC before?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
JIBC Student Number (if known)					Provincial Education Number (if known):						
Last name:				First name:				Middle name or Initial:			
Previous name used for Registration, if any:											
Address:						Email:					
City:				Province:				Postal code:			
Evening or home phone:				Day phone:				Cell phone:			
Date of Birth: (mm / dd / yyyy)			Gender:		<input type="checkbox"/> Male		<input type="checkbox"/> Female		<input type="checkbox"/> Transgendered		
Are you of aboriginal heritage?			<input type="checkbox"/> Yes		<input type="checkbox"/> No						
If "Yes" are you:			<input type="checkbox"/> First Nations		<input type="checkbox"/> Inuit		<input type="checkbox"/> Metis				
Please indicate if you are:			<input type="checkbox"/> Status		<input type="checkbox"/> Non Status						
Immigration Status:			<input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> Permanent Resident (formerly called Landed Immigrant)						
			<input type="checkbox"/> If not Canadian citizen, please specify citizenship: _____								
			<input type="checkbox"/> Student Visa		<input type="checkbox"/> Other Visa						
Is there additional learning support (such as adaptive technology, tutoring, extra time for exams or captioning) that you require? If yes, please contact Disability Services at 604.528.5884 or 1.877.275.4331 or email disability@jibc.ca											
<u>Please select Program:</u>						<u>Cost:</u>					
				Fire Fighter I		<input type="checkbox"/>		\$50			
				Fire Fighter II (includes Fire Fighter I)		<input type="checkbox"/>		\$50			
				Basic Fire Fighter		<input type="checkbox"/>		\$20			
				Basic Transition to Fire Fighter		<input type="checkbox"/>		\$30			
<u>Payment Options:</u>											
Cheque or Money Order (payable to JIBC) Issued by : _____											
Visa/MasterCard/American Express			Card Number: _____ / _____ / _____		Expiry: _____						
Name of Cardholder: _____						Signature: _____					
<u>Invoice Option:</u>											
Fire Department: _____						Telephone #: _____					
Address: _____				City: _____		Province: _____		Postal Code: _____			
Fire Chief/Training Officer: _____						Signature: _____					
Return the application form/ payment to:											
JIBC Admissions Office, 715 McBride Blvd., New Westminster, BC V3L 5T4 Fax: 604.528.5653 Email: admissions@jibc.ca Toll Free 1.877.528.5591											
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