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|  | Application Form  Pre-Apprenticeship Programs 2021 | PO Box 700, 2160 Fourth Line  Ohsweken ON N0A 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 apply 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. |
|  | Must be a resident and able to work in Ontario |
|  | Complete a pre-screen assessment. |

Additional 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.) |

**Submitting your application:**

Once you have completed your application and have the required additional documents please email your package to [skilledtrades@snpolytechnic.com](mailto:skilledtrades@snpolytechnic.com)

You may also drop off a printed copy of your application at either campus location:

|  |  |
| --- | --- |
| Ohsweken Campus  2160 Fourth Line  Ohsweken ON N0A 1M0  519 445-0023 phone  519 445-4416 fax | Brantford Campus  411 Elgin Street  Brantford ON N3S 7P5  519-226-1245 phone |

**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.

**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 | Canadian Citizen  Permanent Resident  Other Please specify: Click or tap here to enter text. | |
| 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  Métis  Inuit  Person with Disability  Racialized 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 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**

Which program are you applying for?

Cook Full Time: August 3, 2021 to February 25, 2021

Welding Full Time: August 3, 2021 to March 25, 2021

Welding Part Time: August 3, 2021 to March 25, 2021 (Intensive Delivery, Evening delivery)

General Machinist Full Time: August 3, 2021 to February 18, 2021

General Machinist Part Time: August 3, 2021 to March 25, 2021 (Evening Delivery)

All program dates include 8-week full time work placement.

**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.**

**Section 4: Additional Information:**

|  |  |
| --- | --- |
| Did you attend an information session ? | Yes  No |
| * 1. If yes, please provide date | Click or tap to enter a date. |

Please tell us briefly, **why you chose this program and career**?

**Maximum 500 words**

|  |
| --- |
| Click or tap here to enter text. |

How did you hear about Six Nations Polytechnic and these 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. |

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|  | Consent Form  Pre-Apprenticeship Programs | PO Box 700, 2160 Fourth Line  Ohsweken ON N0A 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 |

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 | | SNP E-mail Address | |

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

**Student**

I, (type legal name), have read and agree to the above. Date: (select)