



Application 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

Instructions:

Complete all applicable sections of this application form (if a section is not applicable, leave it blank).
SNP will communicate with applicants via email, include an email address that you check frequently.

Additional documentation required as part of your application:

- Certified copy of your last high school transcript
- Copy of Photo ID (i.e. Driver’s License, Status Card, etc.)
- Proof of Social Insurance Number (SIN)
- Reviewed program information including “Campus Virtual Tour” and “What is a Pre-Apprentice

Contact Information:

Legal Surname	First Name	Email Address

Submitting your application:

Once you have completed this application and have all required additional documents, email your package to admissions@snpolytechnic.com

You may also drop of 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 through the email address you provided if your application is incomplete or if there are further questions.

Section 1: Personal Information

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

		Click or tap to enter a date.
Home Phone #	Cell Phone #	Date of Birth
Choose an item.		
Gender	Email Address	

Are you receiving Employment Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Status in Canada	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident
	<input type="checkbox"/> Other Please specify:	
Complete this section if you wish to self-identify as a member of a designated group(s). Your response to this question is entirely voluntary and will not affect your eligibility.		
<input type="checkbox"/> First Nations	<input type="checkbox"/> Métis	<input type="checkbox"/> Inuit
<input type="checkbox"/> Person with Disability	<input type="checkbox"/> Racialized Person	<input type="checkbox"/> Francophone
	<input type="checkbox"/> LGTBQ2+	<input type="checkbox"/> Visible Minority

Section 2: Academic History

Have you attended Six Nations Polytechnic in the past?	Choose an item.
If yes, which program did you attend?	

Please indicate your highest level of education completed:		
<input type="checkbox"/> Grade 12 or equivalent	<input type="checkbox"/> Grade 9	<input type="checkbox"/> Journeyperson
<input type="checkbox"/> Grade 11	<input type="checkbox"/> Grade 0 – 8	<input type="checkbox"/> Certificate or Diploma
<input type="checkbox"/> Grade 10	<input type="checkbox"/> Certificate of Apprenticeship	<input type="checkbox"/> Degree

Provide a certified copy of your last high school transcript as part of your application

Section 3: Program Selection

Which program are you applying for (indicate your preference)		
Pre-Apprenticeship in Welding	<input type="checkbox"/> Spring	<input type="checkbox"/> Fall
Pre-Apprenticeship in Cook	<input type="checkbox"/> Fall	
Pre-Apprenticeship in General Machinist	<input type="checkbox"/> Spring	<input type="checkbox"/> Fall

All programs include 8-week work placement.

PLEASE NOTE: Program dates 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 is required.



Consent Form

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Student Information

Legal Surname	First Name	Middle Name(s)
SNP Student Number	SNP E-mail Address	

Consent to Request Information

I, _____, 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, _____, 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 have read and agree to the above.

Date: [Click or tap to enter a date.](#)