



## ADVANCED LEVEL TRAINING REGISTRATION INFORMATION

### PROTECTION OF PRIVACY

College of the North Atlantic (CNA) is collecting your personal information under the authority of the College Act, 1996, and the Access to Information and Protection of Privacy (ATIPP) Act, 2015. Your personal information is being collected for the purpose of assigning or validating your CNA student identification number; processing your application; verifying your qualifications and determining eligibility for admission, administering student records, scholarships and awards; documenting your progress in your academic program; providing student and alumni services; institutional research and planning. This information and any information generated about you during the course of your studies at CNA will be used by College employees to complete their work in relation to your studies. It may be shared with the following: academic and administrative units of the College in accordance with the policies and procedures of CNA; the Government of Newfoundland and Labrador or the Government of Canada as required by law for reporting purposes; donors (or their representatives) of scholarships, awards and bursaries administered by the College; high school and post-secondary institutions as required for new and transfer applications; private health insurance providers as necessary. Your personal information is protected from unauthorized collection, access, use and disclosure in accordance with the ATIPP Act, 2015. It can be reviewed or corrected upon request. If you would like to further discuss how CNA collects and uses your personal information, please contact the College's Registrar at College of the North Atlantic – Headquarters, 432 Massachusetts Drive, P.O. Box 5400, Stephenville, Newfoundland and Labrador, Canada, A2N 2Z6, telephone (709) 643 0827, or e-mail [registrar@cna.nl.ca](mailto:registrar@cna.nl.ca)

<b>Student ID Number if you previously attended CNA or one of the previous colleges</b>	
Registering for Advanced Training in _____ (name of trade) at _____ campus Class Call Dates: _____ to _____	
Apprenticeship Number: _____ Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Refresher <input type="checkbox"/> Direct Entry <input type="checkbox"/> Trade Qualifier	

PERSONAL INFORMATION			
First Name:	Middle Name:	Last Name:	
Previous Last Name: <i>(if applicable)</i>	Date of Birth: dd mm yy		
Gender:	Marital Status:		
MCP Number #: <i>(Mandatory for all NL students)</i>	SIN # <i>(Mandatory for Canadian students in accordance with the regulations of the Income Tax Act)</i>		
Home Address: P.O. Box _____ <i>(if applicable)</i>		Phone: (home)	
City/Town:	Prov:	Postal Code:	
Mailing Address: <i>(if different from home)</i> P.O. Box _____ <i>(if applicable)</i>		Phone: (cell)	
City/Town:	Prov:	Postal Code:	
E-mail: <i>(must be the student's e-mail)</i>			

EMERGENCY CONTACT	
Emergency Contact <i>(in the event of an emergency this is the person you give CNA permission to contact)</i>	
Name:	Relation to You:
Telephone Number:	Cell Phone Number:
SPECIAL REQUIREMENTS	
CNA supports students with disabilities. Are you an applicant with a documented disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you wish to be contacted by CNA Accessibility Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### STUDENT DECLARATION

In submitting this information, I declare that the information in this form is correct and complete. I acknowledge my understanding that any applicant/student who submits documents or forms that are falsified or fraudulent, and/or who does not fully and accurately disclose the requisite information as set forth herein or in related documents, may be denied admission to College of the North Atlantic (the "College"), and if it occurs or is discovered after admission, may be expelled from the College. In signing this registration form, I agree to be bound by the policies, rules and regulations set forth by College of the North Atlantic.

Signature of Applicant	Date
Authorization to release a copy of transcript to Industrial Training. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Applicant	Date