WSCAcourses

Phone: 604-736-8660 ♦ **Fax:** 604-738-4080 ♦ **Email:** registrar@wscacourses.ca
Website: www.wscacourses.ca

Student Application Form

PLEASE PRINT

Application Date: _____

Student Information (for multiple registrants, please see the Company Office Information section below)

Name: _____ **Date of Birth:** _____
First Middle Initial Last Day / Month / Year

Mailing Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Home Phone Number: _____ **Home Email Address:** _____

Driver's Licence / BC Identification Card #: _____ **Province / State Issued:** _____
Mandatory

Driver's Abstract (Mandatory for RRD Classes): ☐ **Faxed / Emailed to Registrar**
☐ **Will Send In (Must be received at least 24 hours before the start of the RRD Class)**

Employment Information

Current Employer: _____
Company Name

Company Address: _____

Primary Work of Company:
☐ **Chemical Brushing, Weeding, Thinning, Spacing** ☐ **Mechanical Brushing, Weeding, Thinning, Spacing** ☐ **Fire Fighting** ☐ **Tree Planting, Cone Picking**

Company's WorkSafeBC Classification Unit Number(s) – "CU's": _____

WSCAcourses *maintains a database which provides information about the courses taken by applicants, including certification dates. The applicant herewith agrees that information relating to any courses taken through* ***WSCAcourses*** *may be released to the applicant's employer if requested by the employer. The* ***WSCAcourses*** *will not release student information to any other individual or agency except with prior written consent by the student for the specific request.*

Applicant's Signature: _____

Payment Information

Please Note: *Fees must be received prior to the class start. If your employer is paying the fees for you, a purchase order for the fees may be accepted with the prior approval of the WSCA Registrar. Fees will not be refunded if you do not attend a class, except with prior notice which must be received at the Registrar's Office ten (10) working days prior to the class start. Notice may be given by phone, email, fax or mail. The WSCA reserves the right to cancel a class if insufficient people are confirmed as registrants within four (4) working days of the start of the class.*

Payment Method:

☐ **Credit Card** ***(please complete the information below)*** ☐ **Cheque** ☐ **Purchase Order** ☐ **Other Method**

Cardholder's Name: _____ *Credit Card Number:* _____

Credit Card Type: ☐ ***Visa*** ☐ ***MasterCard*** *Expiry Date:* _____ *CVV (three digit code from back of card):* _____

Send this form to:

WSCAcourses Registrar
#720 – 999 West Broadway
Vancouver, BC V5Z 1K5

Phone: 1-604-736-8660
Fax: 1-604-738-4080
Email: registrar@wscacourses.ca