

CONFIRMATION OF COURSE REGISTRATION

(Please Print Clearly)

Part A: Student Information

Fields marked with (*) are required.

OEN (if available)	
Legal First Name*	Shiela
Legal Last Name *	Corston
Date of Birth (M/D/Y) *	09/01/67
Gender *	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Undeclared
Address *	133 Eric Cres
Unit / Apt. #	
City *	South Porcupine
Province *	ON
PO Box	
Postal Code *	P0N1H0
Contact Number *	705-984-5814
E-mail Address *	sheilacorston@gmail.com

Northern Training Division, Timmins Campus
 Tel: 705.235.3211 | Fax: 705.235.6853
 Email: training@northern.on.ca

IMPORTANT INFORMATION

- Space restrictions may apply.
- Insufficient course enrolment may result in course postponement or cancellation.
- Complete one form per participant and per course.
- Payment may be made by purchase order, debit, cash or credit card (Visa, America Express or Master Card). Seat is reserved when payment is received in full. A confirmation of enrollment will follow by email.
- Unless otherwise stipulated for the course/program, refunds apply when written cancellation is received a minimum of 6 business days prior to the course start date. When possible, one participant may be substituted for another. Full payment will be applied to the replacement's registration.
- Sponsored students must submit their sponsorship letter with the registration form.
- In accordance with College policy, Certificates/transcripts will be issued to all student who successfully complete their training and have an account in good standing with the College.

Northern College is required to report student-level enrolment-related data the Ministry of Advanced Education and Skills Development under the authority of the Ontario Colleges of Applied Arts and Technology Act, 2002, S.O. 2002, Chapter 8, Schedule F, Section 6.

Do you consider yourself to be an Indigenous person? Yes No

Do you consider yourself to be a First Generation Learner? Yes No

Part B: What Course Are You Registering For?

Course Name	Course Start Date	Office Use Only	
		Course Code	Section
Standard First Aid/CPR	May 6th-7th	HE8140	380
			Course Cost
			\$200.00 (tax incl)

Part C: Method of Payment (please select one payment option)

Payment Due by May 3/2023

<input type="checkbox"/> Personal Credit Card	<input type="checkbox"/> Company Credit Card	Company Name (if applicable) <input style="width: 200px;" type="text"/>
<input type="checkbox"/> Visa		Amount (\$) <input style="width: 150px;" type="text"/>
<input type="checkbox"/> MasterCard		
<input type="checkbox"/> American Express		
<input type="checkbox"/> Debit	<input type="checkbox"/> Cash/Cheque	
		Credit Card Number <input style="width: 200px;" type="text"/>
		Expiry Date (example: 10/15) <input style="width: 100px;" type="text"/>
Credit Card Signature: <input style="width: 200px;" type="text"/>		

If company/organization is to be invoiced, complete the following:

Name of Company/Organization <input style="width: 250px;" type="text"/>	PO Number <input style="width: 100px;" type="text"/>
---	--

Part D: Communications and Authorizations

I HEREBY AUTHORIZE THE REGISTRAR OR HIS/HER DESIGNATE TO GIVE OUT THE INFORMATION BELOW:

1. My attendance, academic and placement records to my sponsor/employer who has paid for the training.
2. My attendance and academic records to the Ministry of Advanced Education and Skills Development (when required).

- I approve my photograph and/or testimonial being used for college promotional and/or publicity purposes.
- I consent I do not consent (opt out) I consent or opt out of receiving electronic communications from Northern Training Division regarding news, training and workshop opportunities, and event notifications.

The information on this form is collected under the legal authority of the Colleges and Universities Act, R.S.O 1980, Reg. 640. The information is used for the administration and statistical purposes of the College and/or the ministries and agencies of the Government of Ontario or the Government of Canada. For further information, please contact the Registrar, P.O. Box 3211, Timmins, Ontario P4N 8R6, (705) 235-7134.

I HAVE READ THE ABOVE STATEMENTS AND AUTHORIZE THE RELEASE OF INFORMATION CONTAINED HEREIN TO THE AFOREMENTIONED.

Signature _____ Date _____