

**Application for Registration
of a Private Training School**



Name of **School**: _____

Mailing Address: _____

_____ Postal Code _____

Telephone: _____ Fax: _____

E-mail: _____ Website _____

Operator (person or body responsible for overall operation):

Operator address, telephone, fax, e-mail address (if different from those of the school):

Director of Instruction (person responsible for instructional supervision):

Director of Instruction address, telephone, fax, e-mail address (if different from those of the school):

School **Location** (street address):

If school will operate at more than one location please list other site(s):

Programs for which authorization is sought:

('Program' means a full package of training for an occupation, usually made up of a number of modules or courses)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Contact Person (whom we should deal with on a regular basis):

Mailing Address: _____

_____ Postal Code _____

Telephone: _____ Fax: _____

E-mail: _____

Date of Application: _____

Two Reminders:

- ✧ *This form is just one part of making an application, to provide some basic facts ...check the list of 15 other kinds of item in Steps B and C of the Guide to Application*
- ✧ *Personal information is collected under ss 4(1) of Prince Edward Island's Private Training Schools Act and will be used for the purpose of registering the proposed school. If you have any questions about this collection of personal information, you may contact the Administrator of Private Training Schools, Department of Workforce and Advanced Learning, P.O. Box 2000 Charlottetown PE C1A 7N8 Tel: 902-620-3980.*