



POST SECONDARY PROGRAM

Application for Students

Application Received By
SkillsPEI

Office Use Only

A – PERSONAL INFORMATION

Personal information on this form is collected under section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I 1988 Cap. F-15.01, as it relates directly to and is necessary for provisions of the Post Secondary Program. The information collected on this application shall be used for eligibility, evaluation and the compilation of statistical information purposes. If you have any questions about this collection of personal information, you may contact the manager at your nearest SkillsPEI office, or call 1-877-491-4766.

SURNAME	GIVEN NAME	MIDDLE NAME
ADDRESS		
CITY/COMMUNITY	PROVINCE	POSTAL CODE
TELEPHONE NUMBER	OTHER CONTACT NUMBER	EMAIL ADDRESS
DATE OF BIRTH (YYYY/MM/DD)	GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>	
Are you a Canadian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Permanent Resident Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>		
PREFERRED LANGUAGE OF SERVICE English <input type="checkbox"/> French <input type="checkbox"/>		PREFERRED LANGUAGE OF CORRESPONDENCE English <input type="checkbox"/> French <input type="checkbox"/>
Your voluntary response to the remaining questions in Section A will assist us in determining our diversity and equity goals.		
Are you a member of an Aboriginal Group? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have a permanent disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please specify if you consider yourself to be a member of one of the following priority groups: Immigrant <input type="checkbox"/> Youth <input type="checkbox"/> Women <input type="checkbox"/> Visible Minority <input type="checkbox"/> Person with Disabilities <input type="checkbox"/> Older Worker <input type="checkbox"/>		

B – EDUCATION

Are you currently enrolled in full time studies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you be returning to full time studies in the current school year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Highest level of education completed by the end of the current school year? High School <input type="checkbox"/> College <input type="checkbox"/> Diploma <input type="checkbox"/> University <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD	
School/GED-Grade: _____	Institution: _____
College-Academic Year: _____	College Program: _____
University-Academic Year: _____	Faculty: _____ Major(s) : _____

C – EMPLOYMENT INTERESTS

Preferred type of employment: 1. _____ 2. _____ 3. _____
Area Of the Province you are willing to work: Kings County <input type="checkbox"/> Queens County <input type="checkbox"/> Prince County <input type="checkbox"/>



D – EMPLOYMENT SKILLS (Attached Resume Preferred)

Clerical and Computer Skills (Check all that apply)

Computer Programmer Data Entry Internet/Email Bookkeeping Clerk/Cashier Bookkeeping
 Computer Technician Word Processing Administrative Support

Courses/ Certificates (Check all that apply)

First Aid WHMIS Pesticides CRP Security Lifeguard

Skills/Work Experience/Volunteer Work (Attached resume is preferred)

Beginning with your most recent employment, indicate the employer, position, and dates worked.

E – DECLARATION

I declare that:

- a) I have read and understood the information provided in the application package;
- b) the information that I have provided to the Department of Innovation and Advanced Learning & SkillsPEI in this application and supporting documentation is true, accurate and complete in every respect.
- c) if the information described above is false or misleading, I may be considered ineligible to participate in the program.

I agree that:

- a) any information I have provided in this application can be subject to a proof of evidence request at anytime during the assessment of my application or during my participation in the program.

I authorize:

- a) officials with the Department of Innovation and Advanced Learning & SkillsPEI permission to contact me for follow up and evaluation purposes.

APPLICANT NAME (PRINT)	SIGNATURE	DATE (YYYY/MM/DD)

F – APPLICATION PROCESS

Complete the following application and forward to any of the following SkillsPEI locations:

Charlottetown

Atlantic Technology Centre
 90 University Avenue, Suite 212
 Ph: (902)368-6290
 Fax: (902)368-6340

Summerside

Access PEI
 120 Harbour Drive
 Ph: (902)438-4151
 Fax: (902)438-4096

O'Leary

Future Tech West
 454 Main Street
 Ph: (902)859-8898
 Fax: (902)859-8895

Montague

541 Main Street
 Ph: (902) 838-0674
 Fax: (902)838-8090

Souris

Access PEI
 P.O. Box 550, 15 Green Street
 Ph: (902)687-7000
 Fax: (902)687-7091

Wellington

Access PEI
 P.O. Box 58, 48 Mill Road
 Ph: (902) 854-7250
 Fax: (902)854-7255