



Program Registration Form

Student Number: _____

Name: (First) _____ (Last) _____ Sex: _____

Address: _____ Postal Code _____

Phone No.: (Home) _____ (Office) _____ (Cell) _____

E-mail Address: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Personal Data Statistics:

Are you a citizen? Yes No Country of Origin: _____ Years in Canada: _____

Age Group: under 13 13-18 19-24 25-34 35-44 45-54 55-64 65 and above

1st Language Spoken: English Mandarin Cantonese Other: _____

Highest Education attained: High School College University (major: _____)

Highest level of English achieved: _____

PROGRAM APPLIED FOR:

Job Related Training Program: _____

IT Training Program: _____

Computer Skills for the Office Program at Fraser Office

Course: _____

Other Training Program: _____

DISCOUNT:

SUCCESS member membership number: _____

SUCCESS staff Department: _____

PROGRAM FEE: _____

HOW DO YOU KNOW ABOUT OUR COURSES?

1. Newspaper: Sing Tao Ming Pao World Journal Global Chinese

2. Magazine: Sing Tao Ming Pao PLEM

3. Radio: Fairchild/AM1470 CHMB/AM1320

5. S.U.C.C.E.S.S. flyers at: Pender Fraser Broadway Granville North Road

Burnaby Tri-City Richmond Surrey website

6. Word of mouth (friend/relative/instructor)

7. Others (please specify): _____

Date: _____

FOR JOB RELATED TRAINING PROGRAM REGISTRATION

Work Experience (please list the last five years experience)

Related Training

FOR OFFICE USE ONLY

Interview Date: _____

Interview Notes:
