



JUSTICE INSTITUTE
of BRITISH COLUMBIA

COURSE REGISTRATION FORM

Fields marked with an asterisk* are mandatory for government reporting purposes.
Information is protected under privacy legislation.

CURRENT DATE: _____ HAVE YOU EVER TAKEN A COURSE AT THE JUSTICE INSTITUTE OF B.C.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES , JI STUDENT NUMBER (IF KNOWN): _____ PEN (IF KNOWN): _____		
*LAST NAME	*FIRST NAME	MIDDLE NAME OR INITIAL
POSITION	ORGANIZATION	

The following is my: Work address Home address.

*STREET NAME AND ADDRESS			
*CITY/TOWN	*PROVINCE/STATE	*COUNTRY	
*POSTAL CODE / ZIPCODE	E-MAIL ADDRESS	FAX ()	
EVENING OR HOME PHONE ()	DAY PHONE ()	CELL PHONE ()	PAGER ()
*DATE OF BIRTH (MM/DD/YY): _____ PREVIOUS NAME USED FOR REGISTRATION, IF ANY: _____ <input type="checkbox"/> N/A			
*IMMIGRATION STATUS: <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> STUDENT VISA <input type="checkbox"/> OTHER VISA			
<input type="checkbox"/> NON-CANADIAN STUDYING OUTSIDE CANADA <input type="checkbox"/> OTHER (SPECIFY) : _____ <input type="checkbox"/> UNKNOWN			
*GENDER (CHECK ALL THAT APPLY): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANS ARE YOU OF ABORIGINAL HERITAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DISABILITIES OR SPECIAL REQUIREMENTS (PLEASE DESCRIBE): _____			

COURSE NAME	COURSE NO.	START DATE	LOCATION	COURSE FEE
Basic Train the Trainer	FIRE151			N/A

SIGNATURE

Please check this box if you do not want to receive future mailings about JIBC programs.

SEND YOUR REGISTRATION FORM TO:

**Justice Institute of BC
Fire & Safety Division
13500 – 256 Street
Maple Ridge, BC
V4R 1C9
ATTENTION: Valerie Stackhouse**

Phone: (604) 462-1000
Toll free: 1 (888) 444-0445

Fax: (604) 462-9149
Email: vstackhouse@jibc.ca

Please use one registration form per student. Photocopy this form for use by each additional student.