

# Application for Youth training in the Trades Programs

## Personal Information

First Name (Please Print Clearly) \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Province / State \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number (Home)     Telephone Number (Cell)     Telephone Number (Other - if applicable)

Date of Birth (month / day / year)     Sex: Male  Female  Other

Email Address \_\_\_\_\_

<p><b>Disabilities</b></p> <p>Please disclose any disability or illness that may affect your learning or access to facilities, please outline in this space. This will <b>NOT</b> affect your acceptance into this institute</p>	<p><b>Contact in case of Emergency</b></p> <p>First Name _____ Relationship _____</p> <p>Address _____</p> <p>Telephone Number _____</p>
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Please specify the program for which you are applying:

**Program Information**

Hairstylist Career Program       Esthetics Career Program       Nail Technology Career Program

When would you like to start: \_\_\_\_\_

How did you hear about the Okanagan Cosmetology Institute?

Website      Google      Facebook      Twitter      Referral      Other

## Financial Information

I am paying for the student portion of this program directly to OCI.       The school will be paying the full amount directly to OCI

<input type="checkbox"/> Cash	<input type="checkbox"/> Interac	Date received: _____ Received by: _____
<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order	Amount received: \$ _____
<input type="checkbox"/> Visa	<input type="checkbox"/> M/C	Application/Assessment fee \$250.00 included    YES    NO

Please take time to answer these questions in detail as this information will be used as a reference during an interview.

Past Jobs/Work Experience:

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What is your motivation for this chosen course?

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Life Challenges

Learning disabilities / Physical disabilities? Things that may hinder learning (eg. Hand /eye coordination, back problems. Tell us about your support network – eg. Someone to talk to or study with when stress levels increase.

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Here at OCI, our course is full time Tuesday through Saturday – 9am to 5pm. We would like to know if you have prior commitments that would not allow you to participate full time. Such as work/sports/dance or upcoming Holidays.

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Personalities/Learning type: Tell us about your personality and how you learn best.

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Questions or concerns:

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Please read before signing

1. I understand that submission of this application in no way guarantees admission into a program, and that admission is subject to meeting Okanagan Cosmetology Institute Ltd' program prerequisites and that space is available.
2. I understand that in accordance with Part 4(10)(1)(a) of the Personal Information Protection Act, we hereby notify you that your name and personal identification information, the name of your program of study, and the amount of the tuition paid will be forwarded to the Private Career Training Institutions Agency for the purpose of administering the Student Training Completion Fund. This information is collected by the PCTIA under section 26 of the Freedom of Information and Protection of Privacy Act.
3. I hereby certify that all statements on this application are true and complete in all respects, and that no relevant information has been withheld. I understand that falsifying documents or information on this application will result in immediate and permanent dismissal from the Okanagan Cosmetology Institute. I agree that if admitted, I will comply with the regulations of the institute.
4. Items required for the admission process to proceed and must accompany this signed application.
  - Picture I.D. verifying age and identity of applicant
  - Proof of Medical Coverage
  - OCI Entrance Exam
  - Course Investigation Essay & Questionnaire
  - Two letters of reference
  - A letter from parent or guardian granting permission to attend if under the age of 19.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Name    Date