



**Mission:** To inspire lifelong learning and leadership through experience, excellence and innovation.  
**Vision:** Transforming the future through innovative learning.  
**Values:** We value learner success, integrity, respect, community, excellence and innovation.



## APPLICATION TO HOST A COURSE

Lakeland College complies with the Freedom of Information and Protection of Privacy Act of Alberta. Information collected on this form is used in the normal course of college operations in accordance with this legislation. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator.

### HOST INFORMATION Please print clearly.

Host Department or Company Name

Contact Person

Shipping Address

Town / City

Province

Postal Code

Email

Business Number

Cell Number

### SHIPPING INFORMATION Please print clearly.

Email course material to the email address above

Courier course material collect using the following courier information

Greyhound Account #

Loomis Account #

Purolator Account #

### COURSE INFORMATION Please print clearly.

Course Name

Course ID#

Textbook Used (including edition)

Number of Candidates

Preferred Start Date

Expected End Date

Written Examination Date

Practical Evaluation Date

Approved Site Location

ETC File # (interoffice use only)

### INSTRUCTOR INFORMATION Please print clearly.

Surname

First Name

Middle Name

Birthdate

Student ID #

Email

Contact Number

<b>PROCTOR INFORMATION</b> Please print clearly.		
<b>Surname</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Shipping Address</b>		<b>Courier &amp; Account #</b>
<b>Town / City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Email</b>	<b>Contact Number</b>	

<b>EVALUATOR INFORMATION</b> Please print clearly. <input type="checkbox"/> same as proctor		
<b>Surname</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Shipping Address</b>		<b>Courier &amp; Account #</b>
<b>Town / City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Email</b>	<b>Contact Number</b>	

<b>DECLARATION</b>	
<b>THE EMERGENCY TRAINING CENTRE HAS THE RIGHT TO AUDIT AN EXAMINATION IN PROGRESS WITHOUT PRIOR NOTICE.</b>	
It is expressly understood that the Emergency Training Centre shall assume no liability for any actions resulting from the presentation of any sponsored or prepared course, which is presented in a "distance learning" series/course situation. The department will conduct the course according to accepted norms and practices, including NFPA 1403 Live Fire Training Standard and in such a manner as not to violate any local regulations, municipal bylaws, and provincial and/or federal legislation.	
I confirm that all information on this form is accurate and complete in all respects.	
<b>Applicant's Signature</b>	<b>Date</b>

<b>INVOICE INFORMATION</b> Please print clearly.		
<b>Purchase Order Number</b>	<b>Contact Name</b>	
<b>Mailing Address</b>	<b>Contact Number</b>	
<b>Town / City</b>	<b>Province</b>	<b>Postal Code</b>

<b>PAYMENT INFORMATION</b> Please print clearly.		
<b>Please choose one of following:</b>		<input type="checkbox"/> <i>Please issue a receipt</i>
<input type="checkbox"/> <b>Cheque/Money Order</b>	<b>Payable to Lakeland College. Please include payment with your application.</b>	
<input type="checkbox"/> <b>Credit Card#</b>		
<b>Expiry Date (month / year)</b>	<b>Name of Cardholder</b>	<b>Cardholder's Email</b>

**EMAIL OR FAX APPLICATION TO:**  
 Lakeland College  
 5704 College Drive  
 Vermilion, AB T9X 1K4  
 Fax: 1 780 853 4348  
 dlearnfire@lakelandcollege.ca

**QUESTIONS?**  
 Phone: 1 800 661 6490 ext. 2054  
 Website: www.lc-etc.ca

<b>OFFICE USE ONLY</b>	
<b>Approved By</b>	<b>Date</b>