



**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.



**Lakeland**  
EMERGENCY TRAINING CENTRE

## APPLICATION FOR CORRESPONDENCE COURSE

The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under the Act. Information is collected for the purpose of

If you have any questions about the collection and use of this information, please contact the FOIP Coordinator (5707 College Drive, Vermilion AB; 780-853-8524; [FOIP@lakelandcollege.ca](mailto:FOIP@lakelandcollege.ca)).

### PERSONAL INFORMATION Please print clearly.

Middle name and date of birth are required for accurate records management. Applications missing this information will be rejected.

Please indicate:  Male  Female

Surname

First Name

Middle Name

Maiden / Former Name (if applicable)

Date of Birth (mm/dd/yyyy)

Student ID#

Mailing Address

Town / City

Province

Postal Code

Email

Business Number

Cell Number

### COURSE INFORMATION Please print clearly

All courses start on the 1<sup>st</sup> day of every month.

Course Name

Course ID#

Preferred Start Month

Preferred Examination Date

Allow 6-8 weeks notification prior to exam date

### PROCTOR INFORMATION Please print clearly. Refer to the requirements listed on the OFC website.

Surname

First Name

Middle Name

Shipping Address

Town / City

Province

Postal Code

Email

Contact Number

### DECLARATION Please print clearly.

I confirm that all information on this form is accurate and complete in all respects.

Signature

Date

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

PAYMENT INFORMATION Please print clearly.	
Please choose one of following: <input type="checkbox"/> Please issue a receipt	
<input type="checkbox"/> Cheque/Money Order	Payable to Lakeland College. Please include payment with your application.
<input type="checkbox"/> Credit Card Number  <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; height: 20px;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div>	
<b>Expiration Date (month / year)</b>	<b>3-digit Security Code</b>
<b>Name of Cardholder</b>	<b>Cardholder's Email</b>

**EMAIL OR FAX APPLICATION TO:**

Lakeland College  
 5707 College Drive  
 Vermilion, AB T9X 1K5  
 Fax: 1 780 853 8594  
 dlearnfire@lakelandcollege.ca

**QUESTIONS?**

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

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