

APPLICATION FOR ADMISSION RURAL SEXUAL ASSAULT CARE – EXTENDED MICRO-CREDENTIAL

All applicants for the Rural Sexual Assault Care – Extended Course MUST BE:

- Registered Nurse (must provide copy of registration)
- Licensed Practical Nurse (must provide copy of registration)
- Registered Midwife (must provide copy of registration)
- Nurse Practitioner (must provide copy of registration)
- Physician (must provide copy of registration)
- Paramedic (must provide copy of registration)
- Travel Nurse (must provide copy of registration)
- Medical Student (must provide proof)
- Medical Resident (must provide proof)

Have you previously been registered at NW Polytechnic? YES NO NWP ID # _____

PERSONAL INFORMATION

NAME

LEGAL LAST NAME <small>Click or tap here to enter text.</small>	LEGAL FIRST NAME <small>Click or tap here to enter text.</small>
LEGAL MIDDLE NAME OR INITIAL <small>Click or tap here to enter text.</small>	PREFERRED FIRST NAME <small>Click or tap here to enter text.</small>
LIST ANY FORMER NAMES <small>Click or tap here to enter text.</small>	DATE OF BIRTH: M/D/Y <small>Click or tap to enter a date.</small>

PERMANENT ADDRESS

STREET, AVENUE, PO BOX NUMBER <small>Click or tap here to enter text.</small>	
CITY OR TOWN <small>Click or tap here to enter text.</small>	PROVINCE <small>Click or tap here to enter text.</small>
POSTAL CODE <small>Click or tap here to enter text.</small>	COUNTRY <small>Click or tap here to enter text.</small>
EMAIL ADDRESS <small>Click or tap here to enter text.</small>	
HOME TELEPHONE <small>Click or tap here to enter text.</small>	BUSINESS TELEPHONE <small>Click or tap here to enter text.</small>

INTAKE - Continuous

- Unless you indicate otherwise with a specific Start Date, you will be registered to begin your class immediately. Email confirmation will be sent once you are registered. Please ensure you have provided proof of registration.

BURSARY APPLICATION – ALBERTA CULTURE COMMUNITY GRANTS FUNDING*

You may qualify for a tuition bursary if you live in Alberta, and are employed at, or have practice privileges at a rural health centre outside of Edmonton or Calgary.

What rural community do you practice in? [Click or tap here to enter text.](#)

IEN, Community Unknown at this time YES NO

Do you wish to apply for the bursary? YES NO

When registering at Northwestern Polytechnic, a student acknowledges the right of the polytechnic to collect information under the Freedom of Information and Protection of Privacy Act. Personal information that is maintained as part of student record will be used for the purposes of issuing scholarships, bursaries and awards and notifying donors as to the recipients of their awards. Information on award applications may be shared with the donor, Alberta Culture-community grants and Rural Advantage.

PAYMENT

\$299 COST TO BE PAID BY:

- VISA
- MASTERCARD
- AMERICAN EXPRESS

CREDIT CARD # _____

Month ____ Year ____ CVC ____ (information to be provided after registration)

- CHEQUE (Please mail to NW Polytechnic, Continuing Education Department)
- BURSARY APPLICATION

DECLARATION OF APPLICANT

The personal information on this form is collected under the authority of the Post-secondary Learning Act of Alberta, the Access to Information Act (ATIA), the Protection of Privacy Act (POPA), the Statistics Act of Canada and the Income Tax Act of Canada. The information will be protected in compliance with these policies used by the Continuing Education Office to determine your eligibility for admission and registration in programs; collecting transcripts; administering records, scholarships, and awards; providing student services; and for alumni relations and fundraising. The personal information may be disclosed to academic and administrative units for planning and research activities; federal and provincial agencies for reporting requirements; contracted or public health care providers, including collaborative educational, funding, and workplace agencies as required; and the Student's Association of NWP through data sharing agreements. The information will be retained in accordance with approved Information Management guidelines. If you have any questions about the collection and use of this personal information, please email ce@nwpolytech.ca.

I certify that the information provided is true and complete in all respects and that no information has been withheld. I understand that falsifying or omitting documents or information on this application will result in immediate and permanent dismissal from NWP. Falsified documents may be referred to the appropriate authorities for prosecution of the applicant under the Criminal Code of Canada. The Polytechnic reserves the right to refuse admission or cancel any admission ruling. I agree, if admitted, to comply with all NWP policies and understand my rights and responsibilities as a NWP student. I agree, if admitted to NWP, to comply with all rules and regulations of the Polytechnic.

SIGNATURE OF APPLICANT _____ DATE OF APPLICATION _____

✉ Email application to: kweber@nwpolytech.ca

*Program funding provided by Alberta Culture – Community Grants

Funded
by:

