



APPLICATION FOR ADMISSION SEXUAL ASSAULT EXAMINER PROGRAM (SANE)

LEGAL LAST NAME	LEGAL FIRST NAME
Click or tap here to enter text.	Click or tap here to enter text.
LEGAL MIDDLE NAME OR INITIAL	PREFERRED FIRST NAME
Click or tap here to enter text. LIST ANY FORMER NAMES	Click or tap here to enter text.
Click or tap here to enter text.	DATE OF BIRTH: M/D/Y Click or tap to enter a date.
PERMANENT ADDRESS STREET, AVENUE, PO BOX NUMBER	R
Click or tap here to enter text.	
CITY OR TOWN	PROVINCE
Click or tap here to enter text.	Click or tap here to enter text.
POSTAL CODE	COUNTRY
Click or tap here to enter text.	Click or tap here to enter text.
EMAIL ADDRESS Click or tap here to enter text.	
HOME TELEPHONE	BUSINESS TELEPHONE
Click or tap here to enter text.	Click or tap here to enter text.

on award applications may be shared with the donor, Alberta Culture-Community Grants and Rural Advantage.

PAYMENT IF NOT AN ALBERTA RESIDENT \$835 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 Freedom of Information and Protection of Privacy Act of Alberta (FOIP), the Statistics Act of Canada and the Income Tax Act of Canada. The information will be protected in compliance with FOIP used by the Registrar's 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 contact the Registrar, 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
www.nwpolytech.ca
www.nwpolytech.ca

*Bursary funding provided by Alberta Culture – Community Grants

Funded by: Alberta