

Saskatoon Trades & Skills Centre

Skills for a Stronger Community



TRAINING APPLICATION

PERSONAL INFORMATION

What training program are you applying for: _____

First Name: _____ Last Name: _____

Mailing Address: _____ Postal Code: _____

Home Phone Number: _____ Alternate Number: _____

Social Insurance Number: _____ Gender: Female: Male:

Email Address: _____

Date of Birth: Day _____ Month _____ Year _____

CURRENT SOURCE OF INCOME

Part-time wages

Employment Ins.

TEA

SAP

Workers Comp.

Other

EDUCATION/WORK EXPERIENCE

Last Grade Completed: _____ Year: _____

Post secondary training: _____

Are you currently employed: Yes: No: If yes, how many hours per week?: _____

SELF DECLARATION (OPTIONAL)

First Nations

Non Status

Métis

Visible Minority

New Canadian

Disability

MISCELLANEOUS

Do you have a valid driver's license? Yes No

Are you receiving Employment Insurance benefits?

Will you need childcare while in training?

How did you hear about training with us? _____

I certify that to the best of my knowledge all of the information I have provided herein is correct.

Signature

Date

Mail or FAX Applications to:
Saskatoon Trades & Skills Centre
450 Avenue W North, Saskatoon SK S7L 1C1
306.385.3500 or FAX 306.385.3519

Visit us on the web and apply online: www.saskatoontradesandskills.ca