



# Continuing & Professional Studies StrongerBC future skills grant Intake Form

**Instructions:** Save and open this PDF using Adobe Acrobat. Complete the mandatory fields, save, and email at [cps@kpu.ca](mailto:cps@kpu.ca).

## COLLECTION AND USE OF PERSONAL INFORMATION

Your personal information is collected, used and disclosed by the institution you are attending under the B.C. Freedom of Information and Protection of Privacy Act (FOIPPA) sections 26(c), 26(e), 27(1)(b), 27(1)(c)(i), 32(a), 32(b) and 33(2)(d). It will be used by the institution to manage, administer and report on program enrolments and completions. It will be disclosed to the Ministry of Post-Secondary Education and Future Skills (the Ministry) and used for administration, evaluation, accountability, and reporting purposes, including to determine your eligibility for funding under StrongerBC future skills grant (FSG). If you have any questions about the institution's collection, use or disclosure of this information, you may contact the Divisional Business Manager, [cps@kpu.ca](mailto:cps@kpu.ca).

\* Mandatory field

## SECTION A: PARTICIPANT INFORMATION

<b>KPU Student ID Number (if known)*</b>		<b>Date of Birth (DD-MMM-YYYY)*</b>
<b>Legal First Name (Given Name)*</b>	<b>Legal Last Name (Family Name)*</b>	<b>Preferred First Name</b>

## SECTION B: CONTACT INFORMATION

<b>Home Mailing Address (Number and Street)*</b>		
<b>City*</b>	<b>Province (only BC residents eligible) BC</b>	<b>Postal Code*</b>
<b>Phone*</b>	<b>Email Address*</b>	

## SECTION C: GENDER IDENTITY INFORMATION

<b>Gender Identity:</b> <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Non-binary <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer
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## SECTION D: STATUS IN CANADA\*      SECTION E: INDIGENOUS STATUS

<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Protected Person, as designated under the Immigration and Refugee Protection Act	<b>Do you identify as an Indigenous person?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>If you identify yourself as an Indigenous person, are you (please check all that apply):</b> <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit

## SECTION F: ELIGIBILITY\*      SECTION G: PAST FUNDING\*

<input type="checkbox"/> I confirm that I am either 19 years of age or older, or have graduated from Grade 12 (or equivalent)	<b>How much Future Skills Grant (FSG) funding have you previously received?</b> <i>First time application, put \$0</i>
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## SECTION H: COURSE INFORMATION\*

<b>TERM</b> <i>Ex. Fall 2024</i>	<b>Course Number and Title</b> <i>Ex. PNUR 9100 – Pharmacology</i>	<b>Course Start Date</b> <i>Ex. Sept 4, 2024</i>

**SECTION I: ACKNOWLEDGEMENT AND AGREEMENT \***

- I understand that submission of this form does not guarantee admission to a course or program, and that admission is subject to meeting the course or program requirements and seat availability.
- I certify that the information I have provided in this form is complete and accurate and may be verified by KPU. I understand that falsifying any documents or information submitted will result in cancellation of registration at KPU.
- I have read the disclaimer at the top of this form.

**SECTION J: PARTICIPANT SIGNATURE \***

<b>Signature:</b>	<b>Print Name:</b>	<b>Date (DD-MMM-YYYY)</b>
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**OFFICE USE ONLY**

<b>Received by:</b>	<b>Date (DD-MMM-YYYY)</b>
<b>Approved by:</b>	<b>Date (DD-MMM-YYYY)</b>