



Heavy Equipment Operator Application

STUDENT ID#

Personal Data

LAST NAME		FIRST NAME (LEGAL)	MIDDLE NAME (LEGAL)
FORMER/MAIDEN NAME (IF ANY)		PREFERRED NAME / NICKNAME	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male
BIRTHDATE (YYYY/MM/DD)		DAYTIME PHONE (+ AREA CODE) ()	EVENING PHONE (+ AREA CODE) ()
STREET or PO BOX ADDRESS		E-MAIL ADDRESS	
CITY	PROVINCE	COUNTRY	POSTAL CODE
EMERGENCY CONTACT (PERSON'S NAME)		DAYTIME PHONE (+ AREA CODE) ()	EVENING PHONE (+ AREA CODE) ()
RELATIONSHIP of Emergency Contact to Applicant <input type="checkbox"/> Child <input type="checkbox"/> Friend <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative			
IF YOU WISH TO DECLARE THAT YOU ARE AN ABORIGINAL PERSON, PLEASE SPECIFY: <input type="checkbox"/> No Aboriginal Heritage <input type="checkbox"/> Status Indian/First Nations <input type="checkbox"/> Non-Status Indian/First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit			
<small>ALBERTA ADVANCED EDUCATION AND TECHNOLOGY IS COLLECTING THIS PERSONAL INFORMATION PURSUANT TO SECTION 33(C) OF THE FOIP ACT AS THE INFORMATION RELATES DIRECTLY TO AND IS NECESSARY TO MEET ITS MANDATE AND RESPONSIBILITIES TO MEASURE SYSTEM EFFECTIVENESS OVER TIME AND DEVELOP POLICIES, PROGRAMS AND SERVICES TO IMPROVE ABORIGINAL LEARNER SUCCESS. For further information or if you have questions regarding the collection activity, please contact the Office of the Director, Business Operations and Reporting, Post-secondary Excellence Division, Alberta Advanced Education and Technology, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 427-7145 Keyano College, Office of the Registrar.</small>			
FIRST LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Other (English Language Proficiency Test Required)			

Send application by mail, e-mail, fax, or courier to:

Keyano College
Office of the Registrar
8115 Franklin Ave
Fort McMurray, AB
Canada
T9H 2H7

1-800-251-1408
Tel (780) 791-4962
Fax (780) 791-4952

Website:
keyano.ca

E-mail:
registrar@keyano.ca

Preferred Class REMOVE

PREFERRED LOCATION

☐ Ft McMurray ☐ Gregoire Lake ☐ Ft McKay ☐ Ft Chip ☐ Janvier/Conklin

PREFERRED START DATE

Freedom of Information & Protection of Privacy (FOIP) Statement

The personal information requested on this form is collected under the authority of Section 33 (c) of Alberta Freedom of Information and Protection of Privacy Act for the purpose of registering students, contacting students and tracking enrolment statistics. Questions concerning the collection, use or disposal of this information should be directed to:

Registrar, Keyano College, 8115 Franklin Avenue, Fort McMurray, AB T9H 2H7 Email: registrar@keyano.ca

Declaration of Applicant

I hereby acknowledge the FOIP statement above, and verify that all information contained on this form is correct to the best of my knowledge and that no relevant information has been withheld. I agree, if admitted to Keyano College, to comply with all rules and regulations of the College, and use of information with the FOIP legislation. If admitted to a collaborative program, I will abide by the rules and regulations of the collaborating institutions. I also authorize Keyano College to exchange my records with collaborating institutions.

The College reserves the right to refuse admission or cancel any admission ruling.

APPLICANT'S SIGNATURE

DATE

Required Documentation to be Submitted with Application

- ☐ Official High School Transcripts (or international equivalent)
- ☐ I attended/graduated high school in Alberta, please order transcripts on my behalf
- ☐ Applicant Profile [Remove](#)
- ☐ English Language Proficiency Test (if English is not your first language)

OFFICE USE ONLY

APP RECEIVED BY

DATE

Please PRINT clearly and complete entire form