



Application for Community-Based Training
Application must be completed in full

Applicant:

First Name: _____

Last Name: _____

SIN #: _____

Date of Birth: _____

Permanent Mailing Address:

Street/PO Box _____

Community _____

Postal Code _____

Email address _____

phone number _____

Employer

Name/Company: _____

Phone: _____

Is your employer in agreement with you participating in the training? Yes No Unsure

Is your employer contributing to the cost of your

training? Yes No Unsure

Next of Kin:

Name _____

Phone Number: _____

Status: non-Indigenous Indigenous Metis

Gender: Male Female

If you identify as Indigenous, please indicate your band affiliation: _____

Please check the course(s) that you are applying for:

- Med Small Domestic Vessel – Basic Safety (SDV-BS)
- Small Vessel Operator Proficiency (SVOP)
- Radio Operators Certificate-Marine Commercial (ROC-MC)
- Radio Operators Certificate -Marine (ROC-M)
- Marine Basic First Aid (MBFA)
- Marine Advanced First Aid (MAFA)
- WHMIS
- Transportation of Dangerous Goods – Awareness (TDG)
- Other(s) – please specify _____

- Confined Space Entry (CSE)
- Watchkeeping Mate – Near Coastal (WKM-NC)
- MED Domestic Vessel Safety (DVS)
- MED STCW (BST)
- MED STCW (PSC)
- Helmsman (Steering Testimony)
- Fishing Masters 4 (FM4)
- Bridge Watch Rating (BWR) *see separate application

Please sign and date below:

I, _____, understand that portions of this information will be shared with Transport Canada and partner training providers. I declare that the information provided on this questionnaire is true and correct and I understand that providing false information will result in dismissal from the training program.

X _____

X _____

Signature of Applicant

Date: DD-MM-YYYY

NOTE: Completed application forms must be emailed to info@wamtc.ca. All applicants must create a BCIT student ID (visit bcit.ca/apply). Contact info@wamtc.ca for information on how to apply for a Candidate Document Number (CDN).