

## Surface Miner Program

This campus-based program Surface Miner Program will provide participants with entry-level knowledge, skills and attitudes outlined in the Mining Industry Human Resources Council (MIHR) National Occupational Standards for Surface Miners. In this practical, hands-on program, students will be introduced to surface mining operations and mine equipment operation in northern, cold-weather environments, using both mining equipment and simulators. The delivery will have both a classroom based and practical component including learning on simulators and at the Aurora college open pit training facility.

**To apply, you will need the following requirements:**

- Must be 18 years of age (One valid Photo ID)
- Mine Training society Client Assessment Form
- Aurora College Application (Including Aurora College Accommodation form)
- Updated Resume
- Letter of Interest
- High School Transcript
- Two References (preferably letters)
- Criminal Record Check
- Minimum Class 7 driver's license (asset)
- Successful completion of the Introduction to the Mining Industry Program or Introduction to Underground Mining program.

**The Surface Mining course will include:**

- Introduction to Surface Mining
- Personal Safety
- Working Safely at Site
- Surface Mining Mobile Equipment
- Surface Mining Hand and Power Tools
- Explosives and Blasting
- Emergency Preparedness

**FORT SMITH: May 10<sup>th</sup> 2021 to August 13<sup>th</sup> 2021**

**Application Deadline: April 16, 2021**

**Application must be completed in full for consideration**

***\*accommodations available at Thebacha Campus***

Should you have any questions regarding the requirements, please feel free to contact the office:

Mine Training Society  
5110-49<sup>th</sup> Street

Yellowknife, NT X1A 1P8

Phone: 1- 888- 765-0445 Fax: (867) 765-0446

Email: [mts@minetraining.ca](mailto:mts@minetraining.ca)

Facebook: Mine Training Society

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



CLIENT ASSESSMENT

Canada

Assessed by:		Date:		Client ID:	
Social Insurance #:			Which program are you applying for?		
Full Name:			Marital Status:		
Birthdate: MM DD YYYY			Male / Female		
Are you an Indigenous person of Canada?:			Yes / No		
Band/ Claimant group:			Other:		
Do you have a disability?					
Languages					
Preferred Language:			Secondary:		
Specify (if other):			Specify (if other):		
Education Information					
Highest grade Level completed:			Year completed:		
School Attended:					
Post-Secondary:			Year completed:		
Contact Information					
Primary Telephone:			E-Mail:		
Alternative Telephone:			Do you have facebook:		
Mailing Address			Residential Address (if different)		
Street/PO Box			Street/PO Box		
City:			City:		
Province:			Province:		
Postal Code:			Postal Code:		
Dependents					
Name of Dependent		Year of Birth	Relationship to you		
Sponsorship Information		First Nation	EI	SFA	Other
			Please Circle One		
Attached Resume:		Hard Copy ✓:		Emailed ✓:	

### CLIENT ASSESSMENT

Canada

<b>Education Level:</b>		<b>Check if applicable</b>	<b>Comments:</b>
No formal education			
Up to Grade: <input type="radio"/> 7-8 <input type="radio"/> 9-10 <input type="radio"/> 11-12 <input type="radio"/> High School Diploma <input type="radio"/> GED		<small>Check one</small>	
Some post-secondary training:			
Apprenticeships, or trades cert, or diploma:			
University certificate or diploma:			
University - Bachelor's Degree:			
University - Master's Degree:			
University - Doctorate:			
<b>Education Province</b> <small>Check all that apply</small>		<b>Quebec</b>	<b>British Columbia</b>
<input type="checkbox"/> PEI		<input type="checkbox"/> Ontario	<input type="checkbox"/> Yukon
<input type="checkbox"/> Newfoundland		<input type="checkbox"/> Manitoba	<input type="checkbox"/> Northwest Territories
<input type="checkbox"/> Nova Scotia		<input type="checkbox"/> Saskatchewan	<input type="checkbox"/> Nunavut
<input type="checkbox"/> New Brunswick		<input type="checkbox"/> Alberta	<input type="checkbox"/> Outside Canada
<b>Driver's License</b>		<b>Class</b>	
Do you have a driver's License: <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Class 7 <input type="radio"/> Class 5 <input type="radio"/> Class 5P <input type="radio"/> Class 3 <input type="radio"/> Class 1	
Are you on Social Assistance: <input type="radio"/> Yes <input type="radio"/> No			
Are you on EI: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Former/Reachback Client			
Childcare Required for action plan: <input type="radio"/> Yes <input type="radio"/> No			
<input checked="" type="checkbox"/>	<b>Barrier to Employment</b> <small>Check all that apply</small>		
<input type="checkbox"/>	None	<input type="checkbox"/>	Education
<input type="checkbox"/>	Lack of labour force attachment	<input type="checkbox"/>	Economic
<input type="checkbox"/>	Lack of work experience	<input type="checkbox"/>	Dependent care
<input type="checkbox"/>	Lack of transportation	<input type="checkbox"/>	Lack of marketable skills
<input type="checkbox"/>	Remoteness	<input type="checkbox"/>	Physical, emotional or mental health
<input type="checkbox"/>	Language	<input type="checkbox"/>	Not legally entitled to work in Canada
<input type="checkbox"/>	Criminal Record	<input type="checkbox"/>	Other barrier not listed above
<b>Comments:</b>			

**RELEASE AGREEMENT AND PARTICIPANT'S DECLARATION**

1) I hereby consent to sharing of any information regarding my training and employment status and any aspect to be disclosed, when required on an as needed basis to Government of Canada and its successor departments and agencies, as well as Government of the Northwest Territories, Potential employers, and First Nations, and organizations under contract to either of these department to provide employment related benefits and services. (Please initial) \_\_\_\_\_.

1a) I understand that information, when provided to Canada, is protected under Canada's Privacy Act and that I have a right under the Privacy Act to obtain access to that information from Canada. (Please initial) \_\_\_\_\_.

2) I hereby declare and acknowledge that the information contained within this document is complete and true in every respect. (Please Initial) \_\_\_\_\_.

3) I \_\_\_\_\_ agree to the use of my name, pictures, data and other relevant information by The Mine Training Society in documentary, newsletters, and statistics relevant to the training program, at The Mine Training Society having exclusive rights to use the picture, video, statistics and relevant information at any time and for future use at The Mine Training Society, I will have no future claim to the information, data, or pictures. (Please Initial) \_\_\_\_\_.

3a) I consent to the use and disclosure of elements of my personal information, contained in the said stories, photographs and/or videotapes. (Please Initial) \_\_\_\_\_.

Participant's Name (Please Print):	
Participant's Signature:	
Date:	
Witness Name (Please print):	
Witness Signature:	
Date:	

**Emergency Contact:**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_



## Career Employment Action Plan

Canada

Name: \_\_\_\_\_

Program: \_\_\_\_\_

Date: \_\_\_\_\_

1. Where do you see yourself working 2 years from now?
  
  
  
  
  
  
  
  
  
  
2. What Education and Training do you have that can help you get your ideal job?
  
  
  
  
  
  
  
  
  
  
3. What things are you good at or that you enjoy doing that you can use in a new job?  
(transferable skills)
  
  
  
  
  
  
  
  
  
  
4. Pick 2 different jobs you've had in the past – what did you enjoy and not enjoy about them?
  
  
  
  
  
  
  
  
  
  
5. How are you going to look for work? (Career Counselling, looking at job ads, writing my resume, ect)



## CRIMINAL HISTORY SELF-DECLARATION

The Mine Training Society works in partnership with the mining industry and is committed to providing trained individuals. An individual's criminal record will be assessed against the potential risks that such a record may pose to the mining industry's people, assets and activities.

You are required to complete and submit this form to the Mine Training Society to the attention of the Project Coordinator at 867-765-0445 or 5110-49<sup>th</sup> Street, Yellowknife, NT X1A 1P8.

\*You are not required to reveal a conviction under the Young Offenders Act nor the details of a conviction for which you have been granted a Pardon.

Please mark (X) the box that applies to you:

Have you ever been convicted of a Criminal Offence for which a Pardon has not been granted? \*

NO  YES I have been convicted of a Criminal Offence that I have not been pardoned for.  
Please indicate in space provided

	Type of Conviction	Location of Conviction Community/Territory/Province	Date

(If more space is required, please attach a separate sheet.)

By signing this form, you are consenting to this information being disclosed to and used by the Mine Training Society to determine your suitability for training or employment. You are also consenting to further information from third parties for the purposes of making that determination. **Providing a false self-declaration will result in disciplinary action and may include dismissal or termination of training or employment.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT: \_\_\_\_\_  
(LAST Name) (FIRST Name) (Middle Name(s))

DATE OF BIRTH: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
(day-month-year)

Home Phone ( ) \_\_\_\_\_

Complete Residential Address:  
 \_\_\_\_\_  
 \_\_\_\_\_



# AURORA COLLEGE

## APPLICATION FOR ADMISSION

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Aurora College accepts applications at any time of the year, but we recommend applying at the following times:

***For programs starting in the fall (August to November), apply in February***

***For programs starting in the winter (January to March), apply in September***

***For programs starting in the spring (April or May), apply in January.***

**Please read the following instructions carefully before you fill out this form.**

1. Print clearly and fill out the applications form completely.
2. If you are applying for an Access, Trades (except Apprenticeship), certificate, diploma, or degree program, payment of the \$40.00 application fee (\*\*International student application fee is \$200.00\*\*) must be included with your application. Please pay by cheque or money order payable to Aurora College, credit card, or cash if paying in person.
3. If you need help completing the application form, please see your local Adult Educator, Employment Officer, or School Principal. You may also contact the Campus to which you are applying.
4. You must attach a one-page Letter of Interest explaining why you are interested in the program you have chosen.
5. You must arrange to have transcripts of your high school credits and/or post-secondary education sent to the Campus to which you are applying. Applicants who attended high school in the Northwest Territories can order transcripts by contacting the Education, Culture & Employment Student Records Office at (867) 920-6235, or by going online to [www.ece.gov.nt.ca](http://www.ece.gov.nt.ca) and following the *Request a Transcript* link.
6. If you have previous post-secondary experience, you may apply for advanced standing. Please ask your Admissions Officer for details. The transfer credit application fee is \$70. Please pay by cheque or money order payable to Aurora College, credit card, or cash if paying in person.
7. Aurora College considers prior learning, including life and work experience, when determining whether or not applicants meet program admission and occupational certification requirements. Prior learning may also be applied towards academic credit. In a detailed written statement, identify any prior learning you have that you feel should be considered as part of your application. The prior learning assessment application fee is \$70. Please pay by cheque or money order payable to Aurora College, credit card or cash if paying in person.
8. If you do not meet the academic requirements to be admitted to a program, you will be required to complete an Aurora College Placement Package.
9. You are responsible for arranging your financial assistance. Please submit proof of sponsorship, when available.
10. If you have additional information, such as extenuating circumstances, that you feel should be considered as part of your application, please attach a written explanation. All arguments for extenuating circumstances must be made in writing and accompanied by a minimum of two supporting documents.
11. You will be notified via mail whether or not you are accepted.
12. Submit your completed application to the Adult Educator in your community or forward it by email or fax to the Campus to which you are applying.

**Aurora Campus**  
Admission Office  
PO Box 1008  
Inuvik, NT X0E 0T0  
Phone: (867) 777-7806  
Toll-free: 1-866-287-2655  
Fax: (867) 777-2850

**Thebacha Campus**  
Admissions Office  
PO Box 600  
Fort Smith, NT X0E 0P0  
Phone: (867) 872-7501  
Toll-free: 1-866-266-4966  
Fax: (867) 872-4511

**Yellowknife North Slave Campus**  
Admissions Office  
Bag Service 9700  
Yellowknife, NT X1A 2R3  
Phone: (867) 920-3031  
Toll-free: 1-866-291-4866  
Fax: (867) 873-0333

**Note: Fees, tuition, program schedules, and delivery locations may change without notice. It is your responsibility to ensure that the program of your choice is available.**

***Thank you for your interest in Aurora College!***

*Check us out online at*  
[www.auroracollege.nt.ca](http://www.auroracollege.nt.ca)



# AURORA COLLEGE APPLICATION FOR ADMISSION

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## Collection, Use and Disclosure of Personal Information

The personal information on this form is collected under the mandate of the Aurora College Act, the Access to Information and Protection of Privacy Act, the Statistics Act (Canada), and the Income Tax Act, and is protected by the provisions of these Acts.

The information is collected to determine your eligibility for admission and registration. Upon admission, this information will form part of your student record and will be used for the operational activities of the College and for statistical purposes.

This information may be disclosed to Statistics Canada and the territorial department of Education, Culture and Employment to meet the reporting requirements for statistical, funding, policy development, planning, and research purposes. It may also be disclosed to the Aurora College student association for the purposes of membership and alumni services, and to the Student Services division to monitor your eligibility to participate in College activities.

If you have any questions about the collection or use of this information, contact the Admissions Officer at the Campus to which you are applying.

## APPLICATION CHECKLIST

Please ensure the following are included with your application:

- Completed application form and the application for accommodations if you require housing.
- \$40.00 application fee, if you are applying for an Access, Trades (except Apprenticeship), certificate, diploma, or degree program or \$200.00 application fee for International Students. Please pay by cheque or money order payable to Aurora College, credit card or cash if paying in person.
- Letter of Interest explaining why you are interested in the program you have chosen.
- Proof that you have applied for and will receive student financial assistance (SFA) or other sponsorship.
- Transcripts from high school and/or post secondary education. If not attached to this application, you must order the transcripts and have them forwarded to Admission's Officer at the Campus to which you have applied.

Applicants who attended high school in the Northwest Territories can order transcripts by contacting the Education, Culture and Employment Student Records Officer at (867) 920-6235, or by going online to [www.ece.gov.nt.ca](http://www.ece.gov.nt.ca) and following the *Request a Transcript* link.

## SURVEY

How did you first find out about the program to which you are applying? (place a 1 beside your choice)

How did you find out more information about this program? (place a 2 beside your choice or choices)

- |  |  |
|--|--|
| ___ Newspaper Advertisement                                  | ___ Aurora College Calendar - paper version  |
| ___ Radio  | ___ Aurora College Calendar - online version |
| ___ Television   | ___ Aurora College website                   |
| ___ Friend or Family member                                  | ___ Aurora College Brochure                  |
| ___ High School Teacher or Guidance Counsellor               | ___ Aurora College student or graduate       |
| ___ Career Development Office                                | ___ Community Learning Centre                |
| ___ Community Bulletin Board                                 | ___ Aurora College Recruiter                 |
| ___ Aurora College Staff - informal                          | ___ Other (please explain) _____             |
| ___ Aurora College Staff - formal presentation or trade show | _____  |





# AURORA COLLEGE APPLICATION FOR ADMISSION

**For Registrar's Office Use Only** **Student ID** \_\_\_\_\_

**PERSONAL INFORMATION**

Last Name	First Name	Middle Name
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Former Name(s) or Maiden Name (if applicable)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (D/M/Y)
---	--	--------------------

Permanent Mailing Address (Street, Apartment, PO Box Number, or General Delivery)	Social Insurance Number
---	-------------------------

City / Town / Community	Province/Territory	Postal Code	Telephone Number
-------------------------	--------------------	-------------	------------------

Email Address	Fax Number	Alternate Telephone Number
---------------	------------	----------------------------

Have you been a resident of the Northwest Territories since birth? <input type="checkbox"/> Yes <input type="checkbox"/> No, since _____	<input type="checkbox"/> I am not a resident of the NWT
--	---

Do you have any medical conditions of which the College should be aware of? If yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

**CONTACT PERSON IN CASE OF AN EMERGENCY**

Name	Relationship	Home Phone: _____
		Work Phone: _____
		Cell Phone: _____

**ANCESTRY AND CITIZENSHIP INFORMATION**

**Ancestry (check one):**

<input type="checkbox"/> Chipewyan	<input type="checkbox"/> Cree	<input type="checkbox"/> Gwich'in	<input type="checkbox"/> Inuit	<input type="checkbox"/> Inuvialuit	<input type="checkbox"/> Métis
<input type="checkbox"/> North Slavey	<input type="checkbox"/> South Slavey	<input type="checkbox"/> Tlicho	<input type="checkbox"/> Other _____	<input type="checkbox"/> Non-Aboriginal	

**Main language used (check one):**

<input type="checkbox"/> Chipewyan	<input type="checkbox"/> Cree	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Gwich'in	<input type="checkbox"/> Inuinnaqtun
<input type="checkbox"/> Inuktituk	<input type="checkbox"/> Inuvialuktun	<input type="checkbox"/> North Slavey	<input type="checkbox"/> South Slavey	<input type="checkbox"/> Tlicho	<input type="checkbox"/> Other _____

Are you?  Status Indian/First Nations  Non-Status Indian/First Nations  Inuit/Inuvialuit  Métis

Are you a Canadian citizen?  Yes  No If no, what is your status in Canada?  Permanent resident  Student visa  Other visa

Country of Origin: _____	Date of entry into Canada: _____
--------------------------	----------------------------------

**PROGRAM INFORMATION**

To which program are you applying? \_\_\_\_\_

Have you previously applied for admission to Aurora College? <input type="checkbox"/> Yes <input type="checkbox"/> No	Aurora College Student ID (if known) _____
---	--

What community location do you plan to attend? \_\_\_\_\_

To which Campus are you applying for admission? (Check one)  Aurora (Inuvik)  Thebacha (Fort Smith)  Yellowknife/ North Slave

What year of the program are you entering?

First  Second  Third  Fourth  I am applying for a program that takes less than one year to complete

If you have previously registered at Aurora College, please supply the following information:

Program or course in which you were registered: \_\_\_\_\_

Community Location you attended: \_\_\_\_\_

Last day you were registered in the program or course: \_\_\_\_\_



# AURORA COLLEGE APPLICATION FOR ADMISSION

**EMPLOYMENT INFORMATION**

In the past 12 months I was:     Student         Employed         Seeking Employment         Unemployed

**EDUCATION INFORMATION**

**Elementary and Secondary Education**

Highest grade level successfully completed (1 to 12): \_\_\_\_\_ Year completed: \_\_\_\_\_

Name of last school: \_\_\_\_\_

Community of last school: \_\_\_\_\_ Province/Territory: \_\_\_\_\_

Successfully completed Adult Literacy & Basic Education Level (Aurora College):

Other: \_\_\_\_\_

**Last education institution you attended:**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Elementary School  | <input type="checkbox"/> Aurora College       | <input type="checkbox"/> Technical Institute       | <input type="checkbox"/> University                   |
| <input type="checkbox"/> Junior High School | <input type="checkbox"/> Other Public College | <input type="checkbox"/> Vocational Centre         | <input type="checkbox"/> University College           |
| <input type="checkbox"/> High School        | <input type="checkbox"/> Private College      | <input type="checkbox"/> Private Vocational School | <input type="checkbox"/> Other, please specify: _____ |

**Post-Secondary Education**

Name of Institution	City, Town or Community	Province/Territory	Start Date	Finish Date	Certificate, Diploma, or Degree obtained, or number of years completed

**Sponsorship Information**

**I HAVE** obtained    OR     **I WILL** obtain sponsorship from the following (check all that apply):

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> NWT student loan    | <input type="checkbox"/> NWT student grant           | <input type="checkbox"/> Other territorial agency | <input type="checkbox"/> Human Resources and Social Development Canada |
| <input type="checkbox"/> Canada student loan | <input type="checkbox"/> Indian and Northern Affairs | <input type="checkbox"/> Band or claimant group   | <input type="checkbox"/> Other _____                                   |
| <input type="checkbox"/> Employer            | <input type="checkbox"/> Self-supporting             | <input type="checkbox"/> Other federal agency     |  |

**If you have obtained sponsorship, please attach proof of sponsorship with this application form when submitting it to the Adult Educator in your community, or the Admissions Officer.**

**Sponsorship Information**

**I certify that the information provided by me is true and that no relevant information has been withheld. I understand that any or all of this information may be verified in order to process my application. I also agree that I will abide by all College rules, regulations, and policies if I am admitted into Aurora College.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# AURORA COLLEGE

## APPLICATION FOR ACCOMMODATION

Page 1 of 4

Student accommodations are only available in Fort Smith, Inuvik, and Yellowknife.

Student accommodations at Aurora College are allotted based on a priority system to applicants whose applications are received on or before the deadlines specified below.

Applications for student accommodations received after the specified deadlines will be considered on a first come, first served basis only and are not eligible to be considered on the priority system.

Only full-time Aurora College students are eligible for student accommodation.

If applicants to Aurora College or their spouses own housing in the community where they are applying to attend college the applicants are not eligible for and may not apply for student accommodation.

### **Deadlines for applying for student accommodations**

For programs starting in the fall (August to November), the student accommodations application deadline is March 31 except for Aurora Campus 3rd party funded programs or other specifically identified programs, which will have a deadline of June 30.

For programs starting in the winter (January to March), the student accommodations application deadline is September 30.

For programs starting in the spring (April or May), the student accommodations application deadline is January 31.

### **Please read the following instructions carefully before you fill out this form.**

1. Print clearly and fill out the applications form completely.
2. Accommodation space is limited, so you are encouraged to apply early.
3. All applicants for student accommodations must submit a written landlord reference or personal reference from a community leader.
4. If you have additional information, such as extenuating circumstances, that you feel should be considered as part of your application, please attach a written explanation. All arguments for extenuating circumstances must be made in writing and accompanied by a minimum of two supporting documents. Only the Campus Manager may award student accommodations based on extenuating circumstances.
5. You will be notified via mail whether or not you have been assigned student accommodation.
6. Submit your completed Application for Accommodation with your Application for Admission to the Adult Educator in your community or forward it by mail or fax to the Campus to which you are applying:

**Aurora Campus**  
Admissions Officer  
PO Box 1008  
Inuvik, NT X0E 0T0  
Phone: (867) 777-7806  
Toll-free: 1-866-287-2655  
Fax: (867) 777-2850

**Thebacha Campus**  
Admissions Officer  
PO Box 600  
Fort Smith, NT X0E 0P0  
Phone: (867) 872-7501  
Toll-free: 1-866-266-4966  
Fax: (867) 872-4511

**Yellowknife North Slave Campus**  
Admissions Officer  
Bag Service 9700  
Yellowknife, NT X1A 2R3  
Phone: (867) 920-3031  
Toll-free: 1-866-291-4866  
Fax: (867) 873-0333

**Thank you for your interest in Aurora College!**  
Check us out online at  
[www.auroracollege.nt.ca](http://www.auroracollege.nt.ca)



# AURORA COLLEGE APPLICATION FOR ACCOMMODATION

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## Application for Student Accommodations

(Alcohol, drugs, firearms, and pets are strictly prohibited in student accommodations)

### For Student Services Office Use Only

Date Received: \_\_\_\_\_

Student ID: \_\_\_\_\_

### Collection, Use and Disclosure of Personal Information

The personal information on this form is collected under the mandate of the Aurora College Act, the Access to Information and Protection of Privacy Act, the Statistics Act (Canada), and the Income Tax Act, and is protected by the provisions of these Acts.

The information is collected to determine your eligibility for admission and registration. Upon admission, this information will form part of your student record and will be used for the operational activities of the College and for statistical purposes.

This information may be disclosed to Statistics Canada and the territorial department of Education, Culture and Employment to meet the reporting requirements for statistical, funding, policy development, planning, and research purposes. It may also be disclosed to the Aurora College student association for the purposes of membership and alumni services, and to the Student Services division to monitor your eligibility to participate in College activities.

If you have any questions about the collection or use of this information, contact the Admissions Officer at the Campus to which you are applying.

### PERSONAL INFORMATION

Complete the form fully. Please print.

Last Name		First Name		Middle Name	
Former Name (s) or Maiden Name (if applicable)			<input type="checkbox"/> Male	Birth Date (D/M/Y)	
			<input type="checkbox"/> Female		
Permanent Mailing Address (Street, Apartment, PO Box Number, or General Delivery)					
City / Town / Community		Province/Territory	Postal Code	Telephone Number	
Email Address			Fax Number		Alternate Telephone Number
Length of residency at above address:			Where are you living now if you are not living at your permanent mailing address?		
If you have lived less than eight months at your permanent mailing address, please provide your previous address:					
Have you been a resident of the Northwest Territories since birth?				<input type="checkbox"/> I am not a resident of the NWT	
<input type="checkbox"/> Yes				<input type="checkbox"/> No, since _____	

### SPONSORSHIP INFORMATION

I **HAVE** obtained OR  I **WILL** obtain sponsorship from the following (check all that apply):

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> NWT student loan    | <input type="checkbox"/> NWT student grant           | <input type="checkbox"/> Other territorial agency                      | <input type="checkbox"/> Band or claimant group |
| <input type="checkbox"/> Canada student loan | <input type="checkbox"/> Indian and Northern Affairs | <input type="checkbox"/> Human Resources and Social Development Canada | <input type="checkbox"/> Other Federal agency   |
| <input type="checkbox"/> Employer            | <input type="checkbox"/> Self-supporting             | <input type="checkbox"/> Other _____                                   |   |

If you have obtained sponsorship, please attach proof of sponsorship with this application form.



# AURORA COLLEGE APPLICATION FOR ACCOMMODATION

## STUDENT ACCOMMODATION INFORMATION

Please indicate the type of accommodations you need:

### Family Housing

- 1 - Bedroom     2 - Bedroom     3 - Bedroom  
 4 - Bedroom (N/A Inuvik)     5 - Bedroom (N/A Inuvik)

### Single Student Housing

- Non-shared room  
 Shared room (Thebacha Campus only)

List any special requirements you have for housing, such as wheelchair accessibility, allergies, etc.

Have you previously lived at Aurora College in single or family housing?     Yes     No

If yes, what year(s)? \_\_\_\_\_, and type of accommodation:     Single student     Family housing

At which Campus did you reside?     Aurora Campus     Thebacha Campus     Yellowknife/North Slave Campus

## DEPENDANT INFORMATION (Complete this section only if you applying for family housing)

Spouse's Last Name    Spouse's First Name    Middle Name(s):

Is your spouse attending Aurora College?     Yes     No

Number of dependants, including spouse, who will be living with you at Aurora College: \_\_\_\_\_

**Below, please identify all the dependants who will be living with you at Aurora College.  
Dependants not listed will not be permitted to reside in Aurora College student accommodations.**

Dependant's Name	Relationship	Age

Would you like to reside in Aurora College student accommodations for the duration of your child's school year (elementary and junior/senior high)?     Yes     No

## APPLICATION DECLARATION

**I certify that the information provided by me is true and that no relevant information has been withheld. I understand that any or all of this information may be verified in order to process my application for accommodation. I understand that if I have withheld relevant information or provided information that is untrue I may be evicted from student accommodations. I agree that I will abide by all College rules, regulations, and policies if I am admitted into student accommodations.**

- I have attached a written landlord reference or a personal reference from a community leader.  
 I certify that neither my spouse nor I own housing in the community where I am applying to attend college.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# AURORA COLLEGE APPLICATION FOR ACCOMMODATION

## FOR STUDENT SERVICES OFFICE USE ONLY

Previous tenancy at Aurora College:  Not applicable  Acceptable  Marginal  Not acceptable

Reference letter received:  Yes  No  Not applicable Financial arrangements in order:  Yes  No

<b>DECISION</b>	<input type="checkbox"/> <b>Accepted for accommodations</b>	Unit assigned:	Check-in date:
	<input type="checkbox"/> <b>Not accepted for accommodations</b>	Reason(s) why applicant is not accepted:	
	Date of Decision:	Verified By:	

### COMMENTS:

Campus Manager (or designate) Signature: