



PERSONAL INFORMATION	Program / Course Name			Program Location				
	Last Name		First Name		Middle Name(s)		Maiden or Previous Name	
	Permanent Mailing Address		City/Town/Village		Province		Postal Code	
							location of residence <input type="checkbox"/> On-reserve <input type="checkbox"/> Off-reserve	
	Email Address				Home/ Alternative Telephone			
					Cell Phone			
	*Providing email gives consent to receiving information / follow-up surveys via email from Ptarmigan Line Solutions*							
	Date Of Birth (dd/MM/YYYY)		Social Insurance Number (required)*		Sask Health Number (optional)*		Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	
	Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Landed Immigrant/ Permanent resident of Canada <input type="checkbox"/> Other Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed # Of Dependent Children <input type="text"/>						<b>Office Use Only</b> <b>ENROLMENT INFORMATION</b>  <b>attending</b> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>  <b>Student Start Date</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ( D D M M Y Y )	
	Emergency Contact - Name		Emergency Contact - Phone Number					
EDUCATION	Highest Education Completed (please check one)							
	<input type="checkbox"/> University degree		<input type="checkbox"/> Partial 2 or 3 year diploma		<input type="checkbox"/> Grade 12 / Adult 12		<input type="checkbox"/> Less than grade 10	
<input type="checkbox"/> Some university		<input type="checkbox"/> 1 year certificate		<input type="checkbox"/> GED 12		<input type="checkbox"/> Less than grade 7		
<input type="checkbox"/> 2 or 3 year diploma		<input type="checkbox"/> Partial 1 year certificate		<input type="checkbox"/> Grade 10 / Adult 10		<input type="checkbox"/> Other: _____		
PRIOR ACTIVITY	What was your main province of residence in the last 12 months? <input type="checkbox"/> SK <input type="checkbox"/> Other: _____							
	What was your main source on income/activity in the last 12 months before the start of this program?							
	<input type="checkbox"/> Receiving Social Assistance		<input type="checkbox"/> Employed		<input type="checkbox"/> Student (program: _____)			<input type="checkbox"/> Other: _____
<input type="checkbox"/> Receiving Employment Insurance		<input type="checkbox"/> Unemployed - Not receiving SAP or EI						
SELF DECLARATION	The following information is voluntary and will only be used for statistical purposes: (check all the apply)							
	Indigenous Identity		Visible Minority		Disabled			
	<input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Treaty/Status Indian <input type="checkbox"/> Non-Status		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Band affiliation (if applicable): _____								

Please send completed application to ptarmiganconsulting@gmail.com or by mail to Box 1680, La Ronge, SK S0J 1L0

