

Mission: To inspire lifelong learning and leadership through experience, excellence and

innovation.

Vision: Transforming the future through innovative learning.

Values: We value learner success, integrity, respect, community, excellence and innovation.



APPLICATION TO HOST A COURSE

The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under the Act. Information is collected for the purpose of hosting a course. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator (5707 College Drive, Vermilion AB; 780-853-8524; FOIP@lakelandcollege.ca).

HOST INFORMATION Please print clearly.							
Host Department or Company Name		Contact Person					
Shipping Address							
Town / City	Province	Postal Code					
Email	Business Number	Cell Number					
SHIPPING INFORMATION Please print clearly.							
Email course material to the email address abov	e						
Courier course material collect using the following courier information							
Canada Post Collect	Loomis Account #	Purolator Account #					
COURSE INFORMATION Please print clearly.							
Course Name	Course ID#						
Textbook Used (including edition)	Number of Candidates						
Preferred Start Date	Expected End Date						
Written Examination Date	Practical Evaluation Date						
Approved Site Location	ETC File # (interoffice use only)						
INSTRUCTOR INFORMATION Please print clearly.							
Surname	First Name	Middle Name					
Birthdate		Student ID #					
Email		Contact Number					

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PROCTOR INFORMATION Please print clearly.							
Surname	First Name	Middle Name					
Shipping Address		Courier & Account #					
Town / City	Province	Postal Code					
Email	Birthdate	Contact Number					
EVALUATOR INFORMATION Plea	se print clearly.	same as proctor					
Surname	First Name	Middle Name					
Shipping Address		Courier & Account #					
Town / City	Province	Postal Code					
Email	Birthdate	Contact Number					
DECLARATION							
THE EMERGENCY TRAINING CENTR	E HAS THE RIGHT TO AUDIT AN EXAMINATIO	N IN PROGRESS WITHOUT PRIOR NOTICE.					
It is expressly understood that the Emergency Training Centre shall assume no liability for any actions resulting from the presentation of any sponsored or prepared course, which is presented in a "distance learning" series/course situation. The department will conduct the course according to accepted norms and practices, including NFPA 1403 Live Fire Training Standard and in such a manner as not to violate any local regulations, municipal bylaws, and provincial and/or federal legislation.							
I confirm that all information on this form is accurate and complete in all respects.							
Applicant's Signature	Da	ate					

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INVOICE INFORMATION Please	orint clearly.									
Purchase Order Number	Contact Name									
Mailing Address	Contact Number									
Town / City	Province			Postal Code						
PAYMENT INFORMATION Pleas	e print clearly.									
Please choose one of following:] Please	issue a re	ceipt			
Cheque/Money Order Payable to Lakeland College. Please include payment with your application.										
Credit Card Number										
Expiration Date (month / year) 3-digit Security Code										
Name of Cardholder Cardholder's Email										
EMAIL OR FAX APPLICATION TO: Lakeland College 5704 College Drive Vermilion, AB T9X 1K4 Fax: 1 780 853 4348 dlearnfire@lakelandcollege.ca				Pho	ESTIONS? ne: 1 800 6 osite: www	661 6490 e	xt. 2054			
OFFICE USE ONLY										

Date

Approved By

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