OPERATING ENGINEERS TRAINING INSTITUTE OF ONTARIO

Course Application Form

COURSE NAME: _____ COURSE DATE: _____

PLEASE INDICATE IF YOU INTEND TO:

☐ Register as an apprentice ☐ Seek funding assistance ☐ Pay the full cost of the training

NAME: _____ _____ _____
Last First Initial

ADDRESS: _____ _____ _____
Street / Apt. No. City / Province / State Postal code / Zip

TELEPHONE NO.: _____ _____ S.I.N: ☐☐☐ ☐☐☐ ☐☐☐

793 UNION MEMBER? ☐ YES ☐ NO MEMBER NO. _____

GENDER: ☐ MALE ☐ FEMALE BIRTHDATE: ☐☐ ☐☐ ☐☐
Month Day Year

NAME & ADDRESS OF EMPLOYER:

_____

NATURE OF DUTIES THERE: _____

WHERE DID YOU HEAR ABOUT THIS COURSE? _____

HAVE YOU TAKEN ANY OTHER COURSES AT THIS INSTITUTE? ☐ YES ☐ NO

1. _____ _____
Course Name Date

2. _____ _____
Course Name Date

HAVE YOU TAKEN OTHER TRADE-RELATED COURSES? ☐ YES ☐ NO

1. _____ _____ _____
Course Name Date Location

2. _____ _____ _____
Course Name Date Location

WILL YOU REQUIRE ROOM AND BOARD FROM MONDAY TO FRIDAY? ☐ YES ☐ NO

WILL YOU REQUIRE WEEKEND ACCOMMODATIONS? ☐ YES ☐ NO

Note: On-campus accommodations available at Morrisburg location only.

I, the undersigned, certify that the above information is true and correct to the best of my knowledge. I understand that if any information is found to be purposely incorrect, this application will be considered null and void.

_____
Signature

_____
Date

Contact Information

OETIO

Tel: **613-543-2911**

Fax: 613-543-4136

Email: marketing@oetio.com