



WSCAcourses

Phone: 604-736-8660 ♦ Fax: 604-738-4080 ♦ Email: registrar@wscacourses.ca
 Website: www.wscacourses.ca

Student Application Form

PLEASE PRINT

Application Date: _____

Student Information (for multiple registrants, please see the Company Office Information section below)

Name: _____ Date of Birth: _____
First Middle Initial Last Day / Month / Year

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone Number: _____ Home Email Address: _____

Driver's Licence / BC Identification Card #: _____ Province / State Issued: _____
Mandatory

Driver's Abstract (Mandatory for RRD Classes): Faxed / Emailed to Registrar
 Will Send In (Must be received at least 24 hours before the start of the RRD Class)

Employment Information

Current Employer: _____
Company Name

Company Address: _____

Primary Work of Company:

Chemical Brushing, Weeding, Thinning, Spacing Mechanical Brushing, Weeding, Thinning, Spacing Fire Fighting Tree Planting, Cone Picking

Company's WorkSafeBC Classification Unit Number(s) – "CU's": _____

WSCAcourses maintains a database which provides information about the courses taken by applicants, including certification dates. The applicant herewith agrees that information relating to any courses taken through WSCAcourses may be released to the applicant's employer if requested by the employer. The WSCAcourses will not release student information to any other individual or agency except with prior written consent by the student for the specific request.

Applicant's Signature: _____

Company Office Information (to be filled out by Supervisor / Administration, if applicable):

Full Name _____ Phone _____ Fax _____ Email _____

Position _____ Company _____ Number of Seats Requested _____

Upon confirmation of the availability of those seats by the Registrar, you will be invoiced for these seats and those seats will be secured for your company. If possible, please provide the names and email addresses of the students that may be filling the seats (last minute name changes are acceptable and understood to be a possibility, but please note that RRD classes REQUIRE that the Registrar receive the student's Driver's Abstract no later than 24 hours prior to the start of the class):

- | | | | |
|----------------|--------------|---------------------------|--|
| 1. Name: _____ | Email: _____ | Driver's Licence #: _____ | Driver's Abstract Sent: <input type="checkbox"/> |
| 2. Name: _____ | Email: _____ | Driver's Licence #: _____ | Driver's Abstract Sent: <input type="checkbox"/> |
| 3. Name: _____ | Email: _____ | Driver's Licence #: _____ | Driver's Abstract Sent: <input type="checkbox"/> |
| 4. Name: _____ | Email: _____ | Driver's Licence #: _____ | Driver's Abstract Sent: <input type="checkbox"/> |
| 5. Name: _____ | Email: _____ | Driver's Licence #: _____ | Driver's Abstract Sent: <input type="checkbox"/> |
| 6. Name: _____ | Email: _____ | Driver's Licence #: _____ | Driver's Abstract Sent: <input type="checkbox"/> |
| 7. Name: _____ | Email: _____ | Driver's Licence #: _____ | Driver's Abstract Sent: <input type="checkbox"/> |
| 8. Name: _____ | Email: _____ | Driver's Licence #: _____ | Driver's Abstract Sent: <input type="checkbox"/> |



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Training Classes

Please fill out the information below for the course or courses you wish to take. If there has been no date established yet, please do not forward a payment until a date or dates have been confirmed. The Registrar will be in touch with you to confirm dates, at which time you will be required to make payment prior to attending the class(es).

Course Fees for Companies and Employees:

The following are registrations fees current at October 2011, and are subject to change.

Course	Class Length	In-House Instructor (1)			WSCA Offered Class (3)			Please Note the Number of Seats Requested:	
		WSCA Member	Non Member	Non Silv. CU	WSCA Member	Non Member	Non Silv. CU	Seats	Total Cost
ATV-03	1 Day	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100	Fee Quote (2)	Fee Quote (3)	Fee Quote (3)	Fee Quote (2)		
SUP1-03	1 Day	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100	Fee Quote (2)	Fee Quote (3)	Fee Quote (3)	Fee Quote (2)		
RRD-03	2 Days	<input type="checkbox"/> \$100	<input type="checkbox"/> \$125	Fee Quote (2)	Fee Quote (3)	Fee Quote (3)	Fee Quote (2)		
SAW-03	3 Days	<input type="checkbox"/> \$175	<input type="checkbox"/> \$200	Fee Quote (2)	Fee Quote (3)	Fee Quote (3)	Fee Quote (2)		
ATV-02	1 Day	Fee Quote (1)	Fee Quote (1)	Not Available	Fee Quote (3)	Fee Quote (3)	Not Available		
SUP1-02	1 Day	Fee Quote (1)	Fee Quote (1)	Not Available	Fee Quote (3)	Fee Quote (3)	Not Available		
RRD-02	1 Day	Fee Quote (1)	Fee Quote (1)	Not Available	Fee Quote (3)	Fee Quote (3)	Not Available		
Total Cost:								\$	

- (1) Employer covers the cost of the in-house WSCA instructor or a WSCA instructor hired directly by the company.
- (2) WSCA Registrar will provide a quote for registration fee to non Silviculture CU company or worker.
- (3) On occasion, the WSCA may offer a course in a location where there have been requests by small companies who do not have internal trainers or do not have enough workers to warrant setting up their own class. This is not a preferred method of course delivery. These course fees will be quoted on a case by case basis.

The fees shown are for WSCA member companies and non-WSCA member companies assessed in one or more of the following WorkSafeBC Classification Units:

- 703002 Brushing and Weeding, Thinning, Spacing
- 703005 Fire Fighting
- 703016 Tree Planting, Cone Picking
- 763015 Forest Management Services

Class Location Request (City or Region): _____

Date(s) Requested / Preferred Availability for Class Delivery: _____

Please Note: Fees must be received prior to the class start. If your employer is paying the fees for you, a purchase order for the fees may be accepted with the prior approval of the WSCA Registrar. Fees will not be refunded if you do not attend a class, except with prior notice which must be received at the Registrar's Office ten (10) working days prior to the class start. Notice may be given by phone, email, fax or mail. The WSCA reserves the right to cancel a class if insufficient people are confirmed as registrants within four (4) working days of the start of the class.

Payment Method:

Credit Card (please complete the information below) Cheque Purchase Order Other Method

Cardholder's Name: _____ Credit Card Number: _____

Credit Card Type: Visa MasterCard Expiry Date: _____ CVV (three digit code from back of card): _____

Send both pages of this form to:

WSCAcourses Registrar
 #720 – 999 West Broadway
 Vancouver, BC V5Z 1K5

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