



Certificate Program Application Form CCCS

Use this application form for certificate programs.

How to apply

- We recommend that you apply at least two months before the certificate begins... Once an applicant is accepted, we suggest registering at least one month before the classes begin... Once your application has been approved, please register directly with the Student Services Centre... There is a \$50 non-refundable application fee.

Last Name: First Name: Middle Name / Initial:

I have taken courses at the JIBC before: Yes No JIBC Student Number (if known):

Address Home Work

Street:

City: Province: Postal Code:

Organization: Position:

Contact Information

Home Phone: Business Phone:

Cell or Pager: Email:

Personal Information

Date of Birth (yyyy/mm/dd): Gender (check all that apply): Male Female Trans

Immigration Status: Canadian Citizen Permanent Resident Student Visa Other Visa Non-Canadian Studying Outside Canada Other (Specify):

I am of Aboriginal Heritage Metis First Nations Inuit Previous Name (if any):

To help us better meet your needs, please describe any disability(ies) / special need:

Check the box for the certificate you're applying for. If a resume and supporting documentation are required, be sure to include them. Your resume must include employment and education history for at least the past three years.

- Aboriginal Focusing-Oriented Therapy and Complex Trauma Certificate
Critical Incident Stress Management Certificate
Expressive Play Therapy Certificate
Family Resource Program Certificate
Post Baccalaureate Certificate in Complex Trauma and Child Sexual Abuse Intervention
Substance Use Certificate

Note: The Bylaw Enforcement and Investigative Skills Certificate does not require an application form. Simply call the Registration Office at 604-528-5590 to register.



Enclosed is my non-refundable application fee of \$50. This is required for all applications.

Payment Information (Please note that your application fee is non-refundable)

<input type="checkbox"/> Cheque Enclosed (payable to JIBC)	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	*Do not email your credit card information to the JIBC, if you would like to email your form, please phone in your credit information*
Card Number:	Expiry Date:	
Name on Card:	Cardholder Signature:	

- I would like to receive regular email updates from CCCS. I understand that my address will not be shared or sold.
- I would like to receive this calendar and other materials by regular mail. I understand that my address will not be shared or sold.

Level of Education: Grade 12 Diploma Degree (_____) Other: _____

For Office Use Only: Approval Date: _____

- Acceptance Letter Sent Added to TP2003 Application for Certificate Sent Registration Notified Library Notified

RETURN TO:

Justice Institute of BC
Centre for Counselling & Community Safety
715 McBride Boulevard, New Westminster, BC V3L 5T4

Or fax to 604.528.5640

For more information: Phone: 604.528.5608 or 1.888.799.0801
For registration only: phone: 604.528.5590; fax 604.528.5663

www.jibc.ca/cccs