



# Public Works Supervisor Associate Certificate Program

## Program Application Form

### Personal Information:

Last Name: \_\_\_\_\_ Legal First Name: (name on birth certificate) \_\_\_\_\_

First Name Preferred: \_\_\_\_\_ SIN \_\_\_\_\_ Sex \_\_\_\_ Male \_\_\_\_ Female

Birthdate: (d/m/y) \_\_\_\_\_ Phone (w) \_\_\_\_\_ (h) \_\_\_\_\_

Work Address: \_\_\_\_\_ City \_\_\_\_\_ PC \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ PC \_\_\_\_\_

Please send all information regarding my PWS Certificate to  Home  Work

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Email: \_\_\_\_\_ Job title \_\_\_\_\_

### Credit Request for Equivalent Courses

#### & Prior Learning

The Education Committee recognizes that not everyone will have the same access to post secondary institutions offering PWS approved courses, or you may have already taken similar courses at another institution. For recognition of courses already taken request an application form, and submit documentation along with \$50 to PWABC. In order to achieve PWS prior learning recognition, applicants must demonstrate that they have received training in a number of areas, and have the required supervisory experience. Should you wish to be considered for prior learning contact Jeannette Austin Program Registrar (250.819.6290 or jaustin.djc@gmail.com)

Yes please send me a Equivalent Course Credit Application

(Please note there will be a \$50 fee for review of your application)

**Public Works Supervisor Associate Certificate Program Registration fee: \$20.00**

**Register by:**

**Fax—1.888.812.7014**

**E—jaustin.djc@gmail.com**

**For Further information Contact:**

**Jeannette Austin**

**Executive Director**

**250.819.6290**

**Method of Payment**

\_\_\_\_ PO # \_\_\_\_\_

\_\_\_\_ Cheque enclosed made payable to  
PWABC

\_\_\_\_ Credit Card Type Visa MC

Card # \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

3-4 digit verification # on the back \_\_\_\_\_