



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**

Please make cheque/PO payable to:

**PWABC
PO BOX 1456 STN MAIN
KAMLOOPS BC V2C 6L7**

**For Further information Contact:
Jeannette Austin
Executive Director
250.819.6290**