

Dumont Technical Institute Student Application Form



917-22nd Street West, Saskatoon, Saskatchewan S7M 0R9
Phone: 306-242-6070 Fax: 306-242-0002 Toll-Free: 1-877-488-6888
www.gdins.org

Personal Information

Last Name _____

First Name _____

Middle Name(s) _____

Former Name (if applicable) _____

Apt. Number _____ Street _____

City or Town _____ Box Number _____

Province _____ Postal Code _____

Telephone home () _____ cell () _____ work () _____

Email Address _____

Male Female Date of Birth _____
month/day/year

Social Insurance Number _____ Health Card Number _____

Aboriginal Ancestry: Métis Status Indian Non-Status Indian Other

Main Activity in Prior 12 Months: Working Student Unemployed
Other _____

Are you currently receiving: Employment Insurance Social Assistance None

Emergency Contact (someone not living with you) Phone Number () _____

Name _____ Relationship to you _____

Program Information

You must complete a separate application form for each program and location to which you are applying

Program Name: _____

Program Location: _____

How did you learn about the program? Career Fair Radio Program Brochure

DTI Staff Website Facebook Friend/Relative Promotional Items

Digital Sign Newspaper TV High School Presentation

Other _____

GABRIEL DUMONT INSTITUTE
of Native Studies and Applied Research



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Education

- Completed Degree Program Completed some High School or some ABE
 Completed a Certificate Program Completed Elementary School
 Completed High School, GED, or ABE Level 4

Please list any post-secondary education, including DTI programs:

<i>Program</i>	<i>Institute/School</i>	<i>Dates</i>

Additional Requirements

In the space below, tell us in your own words why you're interested in this program.

Declaration

The privacy of your information is important to us. Personal information that you provide to DTI may be shared with Gabriel Dumont Institute Training and Employment and relevant program partners for the purpose of planning, education, and employment-related assistance. If you do not wish to share your information, please contact the Student Registration Department at 306-242-6070.

In signing this form, I acknowledge my consent to DTI's use and disclosure of my personal information as outlined above.

I hereby certify that all the information on this form is true and complete.

Signature

Date

For Office Use Only: Date Application Received: _____

Processed by: _____

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