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COLLECTION AND USE OF PERSONAL INFORMATION

Your personal information on this form is collected by the institution you are attending under sections 26(c), 26(e), 27(1)(b) and 33(2)(d) of the B.C. Freedom of Information and Protection of Privacy Act. It will be used by the institution to manage, administer and report on program enrolments and completions. It will be disclosed to the Ministry of Post-Secondary Education and Future Skills for administration, evaluation, accountability, and reporting purposes, including to determine your eligibility for funding under StrongerBC future skills grant (FSG). If you have any questions about the collection, use or disclosure of this information you may contact the Camosun College Privacy Office at privacy@camosun.bc.ca.

DECLARATION FORM

SECTION A: PARTICIPANT INFORMATION

All fields are mandatory unless otherwise noted.

ProSIT X-Number (Create your student account on the ProSIT site here)		Date of Birth (DD-MM-YYYY)
Legal First Name (given name)	Legal Last Name (family name)	Preferred First Name (optional)

SECTION B: CONTACT INFORMATION

Home Mailing Address (number and street)		
City	Province <i>(only BC residents are eligible)</i> British Columbia	Postal Code
Personal Email Address		Student Email Address (optional)

SECTION C: STATUS IN CANADA

I am a: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Protected Person authorized to study in Canada (as designated under the Immigration and Refugee Protection Act)		
Indigenous Status <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Answer	Immigrant Status <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Answer	Visible Minority <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Answer
Visible Minority Group(s) <i>(Please write one or more below)</i>		



SECTION D: ELIGIBLE PROGRAM OF CHOICE

I intend to complete the following eligible program:

Please enter the section number or start date of the course you would prefer to be placed into: *(If applicable)*

SECTION E: ELIGIBILITY, ACKNOWLEDGEMENT, AND AGREEMENT

I acknowledge and agree that:

- I am either 19 years of age or older, OR I have graduated from Grade 12 (or equivalent).
- I confirm that I provided my SIN when creating my ProSIT account, and understand that this is a requirement of the Government of BC to qualify for the StrongerBC future skills grant.
- I am only entitled to benefit from StrongerBC future skills grant funding to a maximum lifetime amount of \$3,500.
- I am responsible for paying back any amount of StrongerBC future skills grant funding that has been provided in excess of this amount.
- I am not receiving duplicative funding for this program, and I am not receiving funding from Student Aid BC for this program and course(s). *You can receive funding for costs that are NOT covered by the StrongerBC future skills grant.*
- I understand that if I am receiving any federal or provincial benefit (such as Employment Insurance or BC Employment and Assistance), I must seek approval from the appropriate government body before participating in a program.
- I understand that the StrongerBC future skills grant (FSG) benefits may have tax implications. I will consult the Canada Revenue Agency (CRA) for tax advice.
- IF I am a current WorkBC Employment Services client, I will work with my employment counsellor before I register with a public post-secondary institution. You do NOT need to be a WorkBC Employment Services client to access the StrongerBC future skills grant.*
- I understand that *IF I* require additional financial supports like living supports or daycare to attend training, I can contact my local WorkBC Centre 6-8 weeks in advance to determine if I am eligible.
- I understand that the amount of StrongerBC future skills grant funding that I have benefited from is subject to review and audit.

SECTION F: PARTICIPANT SIGNATURE

By signing this form, you acknowledge and agree that you have reviewed this form in its entirety and provided accurate information to the best of your knowledge. You acknowledge and agree to all items listed in Section E: Eligibility, Acknowledgement, and Agreement.

Signature	Date (DD-MM-YYYY)
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SECTION G: OFFICE USE ONLY

Approved by:	Date (DD-MM-YYYY)
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