



Mission: To inspire learner success and community development through innovative learning in an inclusive and diverse environment.
Vision: Ever to excel in a global society.
Values: We value learner achievement, academic excellence and personal growth founded on our longstanding principles of: people-centred and respect, accountability and integrity, inclusiveness and collaboration, continuous self-improvement, innovation and pride.



APPLICATION TO HOST A COURSE

Lakeland College complies with the Freedom of Information and Protection of Privacy Act of Alberta. Information collected on this form is used in the normal course of college operations in accordance with this legislation. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator.

HOST INFORMATION Please print clearly.		
Host Department or Company Name	Contact Person	
Shipping Address		
Town / City	Province	Postal Code
Email	Business Number	Cell Number

SHIPPING INFORMATION Please print clearly.		
<input type="checkbox"/> Email course material to the email address above		
<input type="checkbox"/> Courier course material collect using the following courier information		
Greyhound Account #	Loomis Account #	Purolator Account #

COURSE INFORMATION Please print clearly.	
Course Name	Course ID#
Textbook Used (including edition)	Number of Candidates
Preferred Start Date	Expected End Date
Written Examination Date	Practical Evaluation Date
Approved Site Location	ETC File # (interoffice use only)

INSTRUCTOR INFORMATION Please print clearly.		
Surname	First Name	Middle Name
Birthdate	Student ID #	
Email	Contact Number	

PROCTOR INFORMATION Please print clearly.		
Surname	First Name	Middle Name
Shipping Address		Courier & Account #
Town / City	Province	Postal Code
Email	Contact Number	

EVALUATOR INFORMATION Please print clearly. <input type="checkbox"/> same as proctor		
Surname	First Name	Middle Name
Shipping Address		Courier & Account #
Town / City	Province	Postal Code
Email	Contact Number	

DECLARATION	
THE EMERGENCY TRAINING CENTRE HAS THE RIGHT TO AUDIT AN EXAMINATION IN PROGRESS WITHOUT PRIOR NOTICE.	
It is expressly understood that the Emergency Training Centre shall assume no liability for any actions resulting from the presentation of any sponsored or prepared course, which is presented in a "distance learning" series/course situation. The department will conduct the course according to accepted norms and practices, including NFPA 1403 Live Fire Training Standard and in such a manner as not to violate any local regulations, municipal bylaws, and provincial and/or federal legislation.	
I confirm that all information on this form is accurate and complete in all respects.	
Applicant's Signature	Date

INVOICE INFORMATION Please print clearly.		
Purchase Order Number	Contact Name	
Mailing Address	Contact Number	
Town / City	Province	Postal Code

PAYMENT INFORMATION Please print clearly.		
Please choose one of following:		<input type="checkbox"/> <i>Please issue a receipt</i>
<input type="checkbox"/> Cheque/Money Order	Payable to Lakeland College. Please include payment with your application.	
<input type="checkbox"/> Credit Card#		
Expiry Date (month / year)	Name of Cardholder	Cardholder's Email

EMAIL OR FAX APPLICATION TO:
 Lakeland College
 5704 College Drive
 Vermilion, AB T9X 1K4
 Fax: 1 780 853 4348
 dlearnfire@lakelandcollege.ca

QUESTIONS?
 Phone: 1 800 661 6490 ext. 2054
 Website: www.lc-etc.ca

OFFICE USE ONLY	
Approved By	Date