Student Information Booklet Return to LSC Cert

LOUIS RIEL
VOCATIONAL COLLEGE

Knowledge • Culture • Heritage

Be employment ready in less than a year!

- *Provincially Recognized Vocational College*
- *Metis Specific Programming*
- *Industry Certified Instructors*
- *Individual Student Support*
- *Variety of Certificates / Diplomas Available*

We protect personal information in a manner appropriate for the sensitivity of the information. We make every reasonable effort to prevent any loss, misuse, disclosure or modification of personal information, as well as any unauthorized access to personal information.

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Louis Riel Institute Website: www.louisrielinstitute.com

LOUIS RIEL INSTITUTE
Knowledge • Culture • Heritage

Personal Information

Date: _____ **SIN**: _____
YR/MM/DD

Name: _____
Last First Middle

Address: _____
Apt. Street City Province Postal

Telephone: _____
Home Work Email

Birthdate: _____ **Student Number**: _____
YR/MM/DD

# of dependents: _____

# of Children: _____

Program Applying For: _____

Preferred Start Date: _____

Daycare Arrangements: _____

_____

Name of Spouse:

My Career Goals:

_____

_____

Marital Status:

○ Married ○ Single ○ Separated ○ Divorced ○ Widowed

Status in Canada:

○ Citizen ○ Landed Immigrant ○ Student Visa ○ Visitor's Visa ○ Working Visa ○ Refugee

Residence:

○ Own Home ○ Renting ○ Live/Family ○ Other

Education Background

High School grade attained: **(Circle One)**

○ 9 ○ 10 ○ 11 ○ 12 ○ Currently in School

Name of School:

Location: _____

Favourite Subject: _____

Best Subject: _____

Least Favourite Subject: _____

Post Secondary Education:

○ University ○ Community College ○ Other

Name of School (s): _____

_____

Location (s): _____

_____

Employment History

If presently employed, name of employer:

_____

Hours of Work: _____

Job Description: _____

Employed Since: _____

If presently unemployed, name of previous employer:

_____

Job Description: _____

From: _____ to _____

How did you hear about us? **(Circle One)**
Newspaper

Referral/Friend (who): _____

Media Advertising (where): _____

Online (where): _____

Do you know of anyone who plans to attend, is attending or has graduated from one of our programs?

(Who): _____

(Which program): _____

Student Reflection

My current employment:

- Has no potential
- Has opportunity for growth
- I am currently not working

When Making Decisions:

- I tend to procrastinate
- I need to discuss with others
- I can make them on my own

When working by myself:

- I can follow my own schedule
- I need direction
- I need to be supervised

The greatest rewards of working are:

- Receiving a paycheck
- Making a difference
- Enjoying the job
- Being my own boss

I think my best qualities are:

- Self-confidence
- Work ethic
- Dedicated and hard working
- Open minded

When faced with a problem:

- I can figure it out myself
- I ask more qualified people
- I procrastinate
- I do nothing and hope it goes away

When accepting Responsibility:

- I do not hesitate
- I enjoy the challenge
- I find it difficult
- I prefer to work with someone/team

My learning style is:

- Auditory—I'd rather listen
- Visual—I'd rather see
- Hands On
- A combination of all

My ability to understand subjects that interest me:

- Above Average
- Average
- Below Average

What holds my career back:

- Not having the right skills
- Not having the right connections
- Lack of confidence
- No potential for growth in my

My concentration level is:

- Poor
- Satisfactory
- Good

Do you finish tasks you start:

- Always
- Usually
- Sometimes
- Never

Completing training will:

- Give me a promotion
- Allow me to apply for more qualified positions
- Enable me to start a new career

_____	_____
Student Signature	**Date**

FOR OFFICE USE ONLY

Admission Report

_____

_____

_____

_____

O Recommended for admission

Program: _____

Start date: _____

O Full time O Part time

O Certificate O Diploma

Class Schedule:

_____

_____

O Not recommended for admission:

Reason: _____

_____

Approved By:

_____

Name Date