

TomleeCollege.com
250 - 3433 North Road, Burnaby BC V3J 0A9
Tel. 604 568 6201 E-mail. info.tldrc@gmail.com

OFFICE USE ONLY
STUDENT ID.

E-mail a complete application to info.tldrc@gmail.com when you are ready to apply.

PERSONAL INFORMATION

SURNAME (LAST NAME)		GIVEN NAME (FIRST NAME)		DATE OF BIRTH (YYYY/MM/DD)
E-MAIL		PHONE #	GENDER <input type="radio"/> FEMALE <input type="radio"/> MALE <input type="radio"/> OTHER	
ADDRESS	City	Province	Postal Code	

PROGRAM INFORMATION

PROGRAM NAME DENTAL RECEPTIONIST	CLASS SESSION <input type="checkbox"/> MORNING (9 AM to 1 PM) <input type="checkbox"/> EVENING (4 PM to 8 PM)	PROGRAM DURATION 8 weeks
INTAKE <input type="checkbox"/> January <input type="checkbox"/> March <input type="checkbox"/> May <input type="checkbox"/> September <input type="checkbox"/> November		
* As the Covid-19 pandemic evolves the schedule may differ than usual		
PROGRAM TYPE <input type="checkbox"/> CERTIFICATE	PROGRAM DELIVERY METHOD <input type="checkbox"/> IN-CLASS	LANGUAGE OF INSTRUCTION <input type="checkbox"/> ENGLISH
SEAT AVAILABILITY <input type="checkbox"/> I would like to be considered for a waitlist position if the program is full.		

* Seats are offered to applicants who pay the tuition fee first.

LOCATION Tri-City Sedation & General Dentistry
2929 Barnet Hwy #1412, Coquitlam, BC V3B 5R5 (Coquitlam Mall ground floor beside the Bay)

HOW DID YOU HEAR ABOUT US?

WEBSITE FRIEND ADVERTISEMENT _____ OTHER _____

PRIVATE TRAINING INSTRUCTIONS BRANCH

The program of instruction outlined in this student enrolment contract **does not require approval** under the *Private Training Act*. Students may not file a claim against the Student Tuition Protection Fund with the Trustee in respect of this program of instruction. Should you have any questions, you may contact the Private Training Institutions Branch of the Ministry of Advanced Education, Skills and Training at:

Tel. (604) 569-0033 or 1-800-661-7441 Fax. (778) 945-0606
www.privatetraininginstitutions.gov.bc.ca
PTI@gov.bc.ca

STUDENT DECLARATION

STUDENT SIGNATURE

DATE SIGNED