

**Application for admission to:
The Community Integration through Cooperative Education (CICE) Program**

Program Number 0107

205 Humber College Blvd. Toronto, Ontario M9W 5L7 ♦PHONE 416-675-6622 ext. 4336 ♦ FAX: 416-675-2015

Application Date: _____

Year apply for: Sept _____

Applicant Information – please type or print clearly

Name: _____
(Please print) Last First Middle

Date of Birth _____
 Year Month Day

Contact Information – please type or print clearly

Email is our primary source of communication to share information about your application and the application process. Please share an email address that is used and checked frequently.

Email Address: _____

Mailing Address: - Street Number, Apartment Number and Street Name

Street Number Street Name Apartment Number

City Province Postal Code

Telephone Number: Home: _____ **Alternate** _____

Status in Canada – please check off

Canadian Citizen

Permanent Resident (Landed Immigrant)

Social Insurance Number: _____

Admission Criteria – Please check off all that apply
Note: Applicant must meet both criteria in order to be considered

19 years or older on the first day of class

I will be _____ years old on September 4, 2018.

Intellectual / Developmental Disability

I have included in my application:

- Psychoeducation Report
- Individual Education Plan
- Other: _____

NOTE: This application MUST be accompanied by a copy of documentaion which confirms an intellectual/ developmental disability such as an Individual Education Plan or Psychoeducational assessment. Without the accompanying document, the application for the CICE Program **cannot be processed.**

EDUCATIONAL HISTORY - Please check off all that apply

From high school, I graduated with a(n):

- Certificate of Achievement
- Ontario Secondary School Certificate
- Other (please specify) _____

Although we recognize that many students might benefit from a program like ours, we often have more qualified students than we have space available and not all students will be accepted into the program. If you are not accepted, you are welcome to reapply the following year.

When you sign this application, it means that you are giving us permission to talk about you.

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application. I have read the Freedom of Information and Protection of Privacy Act State and hereby authorize my secondary school and the Ministry of Education to release a full statement of my academic achievements to Humber Institute of Technology and Advanced Learning. I also authorize Humber ITAL to release information from this application to the Ministry of Training, Colleges and Universities.

Name of Applicant

Date

Signature