

Registration Request

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A - Candidate Personal Data			
Surname		First Name	Initials
			Gender <input type="radio"/> Male <input type="radio"/> Female
Rank	HRMIS (RCMP only)	Name of Police Service or Agency	
Business Address			
Number and Street		City	
Province / Territory		Country	Postal Code
Candidate Email Address		Work Telephone Number	Other Telephone Number
Services Required			
<input type="radio"/> Accommodation and full meal plan (BFM)	<input type="radio"/> Accommodation but no meal plan (BP) (cash cafeteria services on-site)	<input type="radio"/> No accommodation with lunch and break plan (NL)	<input type="radio"/> No accommodation - No meal plan (NP) (cash cafeteria services on-site)
<input type="checkbox"/> Allergies, special conditions or training requests	Please specify:		
B - Candidate Data			
Course Title		Session Number	Start Date (yyyy-mm-dd)
			End Date (yyyy-mm-dd)
Number of Personnel Supervised by Candidate	Experience Performing these Duties (years/months)	Total Years of Service	
Explain how the candidate meets the course selection criteria (i.e. indicate prerequisites when applicable, course, date completed, training institution), as outlined in the course description on our web-site			
Supporting Documentation			
Authorizing Supervisor's Name		Authorizing Supervisor's Signature	
C - Financial Authority (To be completed by Authorizing Training Coordinator only)			
I authorize participation on this course and confirm that the applicable fees for tuition (accommodation and meals when applicable) will be paid in full or any cancellation fees.			
Name of Paying Organization		Cost Center (RCMP / HQ only) (A9999)	<input type="checkbox"/> FIS form attached for Federal Canadian Agencies
Name		Title	
Email Address		Work Telephone Number	Work Fax Number
Financial Authority's Signature		Date (yyyy-mm-dd)	
Canadian Police College Use Only			
Training Section	Date Received (yyyy-mm-dd)	Date Reviewed (yyyy-mm-dd)	Registration Approved <input type="radio"/> Yes <input type="radio"/> No
Selection Criteria <input type="checkbox"/> Prerequisites <input type="checkbox"/> Supporting Documentation	Facilitator's Name	Facilitator's Signature	
Comments			