# Registration Request

## A - Candidate Personal Data

| Surname | First Name | Initials | Gender |
|---|---|---|---|
| | | | ◯ Male ◯ 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

◯ Accommodation and full meal plan (BFM)  ◯ Accommodation but no meal plan (BP) (cash cafeteria services on-site)  ◯ No accommodation with lunch and break plan (NL)  ◯ No accommodation - No meal plan (NP) (cash cafeteria services on-site)

Accommodation Type (based on availability):  ◯ Single room with a common bathroom for each floor ($85.00)  ◯ Single room with a shared bathroom between two rooms ($95.00)  ◯ Single room with a private bathroom ($105.00)

☐ 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) | ☐ 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 |
|---|---|---|---|
| | | | ◯ Yes ◯ No |

Selection Criteria  ☐ Prerequisites  ☐ Supporting Documentation

| Facilitator's Name | Facilitator's Signature |
|---|---|
| | |

Comments

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