

# ADVANCED MANUFACTURING AND AUTOMATION MICRO-CREDENTIALS PROGRAM APPLICATION 2022

[CLICK HERE TO LEARN MORE ABOUT THE PROGRAM](#)

## PERSONAL INFORMATION

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Do you identify as: \_\_\_\_\_

Email \_\_\_\_\_

Phone (Day) \_\_\_\_\_

Phone (Night) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Status in Canada:

Canadian Citizen

Permanent Resident

Member of a designated group: \_\_\_\_\_

Length of time in Canada (if applicable):

Less than 1 year

1-5 years

5+ years

## EDUCATION AND EMPLOYMENT INFORMATION

What is your career goal?

Professional level employment

Employment in a skilled trade

Electrician Construction and Maintenance

Any type of employment

Are you currently...

Unemployed

Under-employed

Self-employed

A Centennial College Student

Name of Employer (if applicable): \_\_\_\_\_

CFPA:

Member

Non-member

## CHOOSE PROGRAM OPTIONS

MC1 (7074) Hydraulic Fundamentals \_\_\_\_\_

MC2 (7075) Pneumatic Fundamentals \_\_\_\_\_

(Coming soon)

MC3 (7076) Advanced Hydraulics \_\_\_\_\_

(Coming soon)

MC4 (7077) Advanced Pneumatics \_\_\_\_\_

(Coming soon)

MC5 (7078) Electrical/Electronic Specialist \_\_\_\_\_

**NOTE: The Micro-credentials listed are pending final approval**

What is your primary source of income?

Ontario Works

Ontario Disability Support Program (ODSP)

Part-time Employment

Other: \_\_\_\_\_

How did you learn about the program?

Website

Email

CFPA

Friend

Other: \_\_\_\_\_

I declare that the above information is true and I understand that any false or incomplete information will result in rejection of my application.

Applicant's Signature\* \_\_\_\_\_

\*This serves as (your official) signature.

Date \_\_\_\_\_

**Privacy Notice:** I hereby declare that the information I am submitting on this application is true and accurate to the best of my knowledge and understand that the submission of this application and meeting minimum admission standards does not guarantee my admission into Centennial College (the "College"). The College has legal authority to collect personal information under sections 2(2) and 2(3) of the Ontario Colleges of Applied Arts and Technology Act, 2002, SO 2002, c 8, Sch F. I understand that the principal purposes for the College's collection, use and disclosure of my personal information ("Information") including information about my education and interests, citizenship, and financial resources are to process my application, and if I am admitted, to fulfil the requirements for me to register and study in Ontario and at the College (the "Purposes"). I understand the requirements will include those of the Governments of Ontario and Canada and ensuring I have health and related insurance coverage. I hereby authorize the College to use and disclose the Information as required for the Purposes, including if I am admitted, to disclose my contact information to a provider of international student health insurance. I understand that I can obtain additional information about the College's collection, use and disclosure of the Information by contacting the Registrar, Centennial College, at P.O. Box 631 Station A, Toronto, ON, M1K 5E9 and (toll free) at 1-800-268-4419.