

All official Rain Coast Dental Careers correspondence will be mailed and/or emailed to the address supplied on this form. Rain Coast Dental Careers cannot be held responsible for misdirected mail. Change of address / telephone number may be made by emailing info@raincoastdentalcareers.com.

1. Personal Information

Legal last name (family name)		Legal first name	
_____		_____	
Middle name(s)	Preferred first name	Previous last name (if applicable)	
_____	_____	_____	
Address			

City	Province	Postal Code	Country
_____	_____	_____	_____
Phone Number	Other Phone		
_____	_____		
Email	Birthdate (DD/MM/YYYY)	Social insurance number (optional)	
_____	_____	_____	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other			
Birth country	Citizenship country	Native language	
_____	_____	_____	
Are you a Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Emergency Contact

Name	Relationship to you
_____	_____
Email	Phone Number
_____	_____

Declaration

- I agree to abide by the rules and regulations of RainCoast Dental Careers as published on the RainCoast website, and those of the program in which I shall be registered and any changes which may be made while I am attending this workshop.
- I certify that the information I have provided in this application is complete and accurate and may be verified by RainCoast Dental Careers.
- I have read and understand the Protection of Privacy disclaimer: <http://ourdisclaimer.com/>, <https://www.youtube.com/watch?v=pXjUWzDhcY8>, www.DisclaimerTemplate.com/078
- I understand that RainCoast Dental Careers will be sending communications in electronic format to my email.

Signature	Date
_____	_____

3. Program Information

I am applying to register for:

Workshop Name

Preferred start date (subject to wait list)

4. Educational History

Have you graduated from high school (secondary, GED) in any Country? Yes No

Last high school attended

City

Province

Last Date Attended (month/year)

Previous post-secondary institution(s) attended

City

Province

Last Date Attended (month/year)

Program

Previous post-secondary institution(s) attended

City

Province

Last Date Attended (month/year)

Program

5. Release of Information (optional)

I will allow RainCoast Dental Careers to share my contact information with potential employers for job prospects: Yes No

6. Payment

You will be contacted within 48 hours to provide payment. Payment options:

PayPal, Visa, MasterCard, American Express, Debit or E-transfer.

Send a scanned and completed copy of the registration form to info@raincoastdentalcareers.com.

RainCoast
DENTAL CAREERS

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