

TAXIHOST PROGRAM APPLICATION FORM

(Fields marked with an asterisk * are mandatory for government reporting purposes. Information is protected under privacy legislation.)

DATE OF APPLICATION (MONTH/DAY/YEAR) _____	HAVE YOU EVER TAKEN A COURSE AT THE JUSTICE INSTITUTE OF B.C.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
*LAST NAME	*FIRST NAME	MIDDLE NAME OR INITIAL
TAXICAB COMPANY IF CURRENT TAXICAB DRIVER:	CHAUFFEURS PERMIT NUMBER	

*STREET NAME AND ADDRESS			
*CITY/TOWN	*PROVINCE/STATE	*COUNTRY	
*POSTAL CODE / ZIPCODE	E-MAIL ADDRESS	FAX	
		()	
EVENING OR HOME PHONE	DAY PHONE	CELL PHONE	PAGER
()	()	()	()
*BRITISH COLUMBIA DRIVER'S LICENSE NUMBER:		STAFF SIGNATURE VERIFYING BCDL # AND IDENTITY.	DRIVER'S LICENSE CLASS:
*DATE OF BIRTH (MONTH/DAY/YEAR) _____			
*IMMIGRATION STATUS: <input type="checkbox"/> CANADIAN CITIZEN IF YOU ARE NOT CANADIAN CITIZEN PLEASE INDICATE COUNTRY OF YOUR CITIZENSHIP: _____			
AND YOUR STATUS IN CANADA: <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> STUDENT VISA <input type="checkbox"/> OTHER VISA <input type="checkbox"/> NON-CDN, UNKNOWN, REFUGEE... <input type="checkbox"/> OTHER (SPECIFY) _____			
*GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE DO YOU IDENTIFY YOURSELF AS AN ABORIGINAL PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ARE YOU: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit PLEASE INDICATE IF YOU ARE: <input type="checkbox"/> Status <input type="checkbox"/> Non Status DISABILITIES OR SPECIAL REQUIREMENTS (PLEASE DESCRIBE):			

Staff Use Only

a) TaxiHost Program English Proficiency Test	Staff Initials: Date: VCC Voucher issued <input type="checkbox"/>	Yes (✓) No <input type="checkbox"/> <input type="checkbox"/>
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Important Notes: Completion of TaxiHost Program does not guarantee employment and/or a chauffeur's permit from police agencies. It is your responsibility to secure employment and/or a chauffeur permits before or after you have taken the program.

I hereby authorized TaxiHost Centre to provide information concerning my status in the program to authorized agencies. I acknowledge and understand the TaxiHost application procedures and policies.

Student Signature: _____

Date: MONTH/DAY/YEAR

The personal information on this form and other personal information which forms part of your student record is collected under the legal authority of the Colleges and Institute Act, (RSBC 1996) c.52, and the Freedom of Information and Protection Privacy Act (RSBC 1996) c.165. The information is used for administrative and statistical research purposes of the Institute and/or the ministries or agencies of the Government of British Columbia and the Government of Canada. The information will be protected and disclosed in compliance with those acts. Except as noted in the preceding, the personal information collected on the form and other personal information which forms part of a student's record will not be disclosed to any other person without consent.

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