



Administrative Office
 299 Memorial Drive,
 Clarendville, NL
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 Email: Info@randomsoundparamedicine.com

Applicant Information:			
Name:	First:	Last:	
Address Line 1:			
Address Line 2:			
City:	Province/State:	Postal/Zip Code:	Country:
Home Phone #:	(XXX) -XXX - XXXX	Mobile Phone #:	(XXX) -XXX - XXXX
Email Address:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
	<input type="checkbox"/> Prefer Not to Disclose		
Date of Birth:	Day (DD)	Month (MM)	Year (YYYY)
High School Attendance Information:			
High School Diploma Awarded?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Name of High School Attended:			
Province and/or Country			
Graduation Date or Date last Attended:	DD/MM/YYYY		
Did you graduate with Academic (or higher) in Grade 11?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Did you graduate with Academic (or higher) in Grade 12?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are you applying as a Mature Student?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<ul style="list-style-type: none"> A Mature Student is an applicant who does not meet the basic admission requirements. Mature Student status will be granted to an applicant provided the following conditions are met: <ul style="list-style-type: none"> The applicant is at least 21 years of age and has been out of school for a minimum of one year. The applicant participates in an interview process with a designated admissions representative. In the process of the interview, the applicant will be required by the college to provide the following supporting documentation: 1. Letter outlining future plans and the reasons they expect to successfully complete the program of studies 2. Personal resume 3. Letters of reference (3) iii. The applicant will be required to complete the Canadian Adult Achievement Test (CAAT). 			
Is English your first language?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If no, proof of English language proficiency will be required (official marks are required from the testing company)			
College/University Attendance Information			
Have you ever been required to withdraw from any institution for academic reasons?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If YES which institution?	Name of Institution:	Province/Location:	
Date of Withdrawal:			
Have you attended another Paramedic Program previously?			
If YES Where:	Name of Institution:	Province/Location:	
Official Transcripts of all previous college and university studies are required.			

College/Universities Attended			
College/University Attended:			
Dates Attended:	FROM: DD/MM/YYYY	TO: DD/MM/YYYY	
Degree/Diploma Obtained:			
College/University Attended:			
Dates Attended:	FROM: DD/MM/YYYY	TO: DD/MM/YYYY	
Degree/Diploma Obtained:			
College/University Attended:			
Dates Attended:	FROM: DD/MM/YYYY	TO: DD/MM/YYYY	
Degree/Diploma Obtained:			
Drivers License Information			
Drivers License Number:			
Physical/Learning Disabilities:			
Our Institution has a responsibility to provide a reasonable level of accommodation to students who require consideration for physical and/or learning disabilities.			
Do you have a physical or learning disability that will require accommodation?			
Are you forwarding documentation with regard to your learning or other disabilities?	<input type="checkbox"/> YE	<input type="checkbox"/> N	Endorsements:
If you indicated YES for either of the above options or have any other learning concerns you must contact our institution for further guidance. Please note if a physical or learning disability exists that requires accommodation and it is not disclosed during the application process we cannot guarantee enrolment.			
Declaration:	<input type="checkbox"/>	<input type="checkbox"/>	
<i>I hereby certify that all of the above information and all supporting documentation is complete and correct. I authorize Random Sound Paramedic Program to verify any information provided as part of this application. I understand that withholding information or providing false information in this application and/or any supporting documentation may be considered grounds for non-acceptance, or after acceptance, grounds for dismissal. I agree to follow and be bound by the regulations of Random Sound Paramedic Program, including any revisions, deletions or additions made to them in the future. If admitted I agree to pay all associated fees with my enrolment and the program.</i>			
Signature of Applicant:		<input type="checkbox"/>	
Date(DD/MM/YYYY):			