

Application For Subsidy and Registration Form

Foundations in Disability and Community Support Course (select one of the following):

Tuesday, January 8 to March 19, 2019

Wednesday, January 9 to March 13, 2019

Classes: 6:00pm to 10:00pm at the Exchange District Campus, Roblin Centre, 160 Princess Street.

Foundations in Disability and Community Support (DISA-1001) FEE: \$419.00

Registration Deadline is **December 14, 2018** or when admissions reaches **full capacity**.

Student Information :				
Last name:		First name:		
Previous last name (if applicable):		Date of Birth (dd/mm/yy):		
Student Number (if previously attended Red River College):				
Address:		City/town:		
Province:	Postal Code:	Social Insurance Number (optional):		
Home Phone Number:		Mobile:	Business & Ext :	
Gender Identity:	Male	Female	Another Gender Identity	Decline to Answer
Email:				

(Your Social Insurance Number is only required if you plan on apply for Manitoba Student Aid, awards, bursary or scholarships)

Incomplete registration forms will be returned for correction and may lose priority in the registration list. Applications will not be accepted if the course is full.

I, _____, hereby apply for 100% subsidization of the course fee. (Applicant must be an employee of an agency funded through Community Living disABILITY Services, Department of Families).

Have you enrolled in this course previously: Yes No

CONSENT OF RELEASE OF INFORMATION FOR DEPARTMENT OF FAMILIES FUNDED STUDENTS ONLY.

I authorize and consent to release my name, marks, and attendance to Department of Families and my immediate supervisor.

Signature

Date

School of Continuing Education

C116-2055 Notre Dame Ave., Winnipeg, MB R3H 0J9
P: 204.694.1789 or 1.866.242.7073 | F: 204.633.6489
cde@rrc.ca | rrc.ca/part-time

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If your agency is **NOT** funded through Community Living disABILITY Services Department of Families, you will be invoiced for this student.

Completed by Agency		
Name of Organization:		
Address:		
City/town:	Province:	Postal Code:
Name of Supervisor:	Phone number:	
Email of Supervisor:		

I confirm that the above named applicant is currently employed as stated.

Supervisor's Signature

Date

Send completed form by fax or email:

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Bill to the following:

Department of Families
205 - 114 Garry Street
Winnipeg, MB R3C 4V4
Phone: 204.945.2013

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