

StrongerBC Future Skills Grant Declaration and Registration Form

CONTINUING STUDIES

This form is for domestic students registering in Continuing Studies programs eligible for the StrongerBC Future Skills Grant.

The StrongerBC Future Skills Grant covers up to \$3,500 for eligible short-term skills training programs. A list of eligible programs can be found on Langara's [StrongerBC Future Skills Grant page](#). The grant is open to British Columbians aged 19 years or older – regardless of financial need – and covers up to \$3,500 in eligible short-term skills training at public post-secondary institutions.

MINIMUM ELIGIBILITY REQUIREMENTS

- Must be a Canadian Citizen, Permanent Resident, or Protected Person entitled to study in Canada.
- Must be a BC resident and currently live in BC.
- Must be 19 years of age or older or have graduated high school by the start of the course/program.
- Must provide consent for Langara College to disclose your information to the province.
- Should not be receiving duplicative and/or overlapping funding to cover eligible costs (i.e., grants, loans, scholarships, or other funding that covers the same program costs as the StrongerBC Future Skills Grant)

SUBMIT FORM

Email completed form as a PDF to csgeneral@langara.ca.

CONTACT INFORMATION

If you have any questions please contact the Continuing Studies Registrar's Office at 604.323.5322 or csgeneral@langara.ca.

IDENTIFICATION NUMBER

Langara Identification Number: _____ PEN (Personal Education Number)*: _____
(Leave blank if you do not have one)

*Optional - Current or former BC high school students only; if you did not complete secondary school in BC, leave blank. Your PEN is the nine-digit number assigned to you when you enter the BC school system, it can be found on student documents, or through the Family Portal on MyEducation BC.

PERSONAL INFORMATION

Legal names are shown on your birth certificate or passport (if you didn't legally change them later).

Legal first or given name: _____ Legal middle name: _____

Legal last or family name: _____

Preferred first name (optional): _____ Former last or family name: _____

Date of birth (YYYY/MM/DD): _____

Select your gender identity:

- Woman (People whose current gender is woman. This includes cisgender and transgender people who are women.)
- Man (People whose current gender is man. This includes cisgender and transgender people who are men.)
- Non-binary (People whose current gender is not exclusively a woman or man. This includes people who do not have one gender, have no gender, are gender fluid, or are Two-Spirit.)
- Choose not to disclose.

Would you say you are:

- Cisgender (People whose sex assigned at birth is the same as their gender.)
- Transgender (People whose sex assigned at birth is different from their gender.)
- Choose not to disclose.

Country of citizenship: _____

Select status: Canadian citizen Permanent resident/landed immigrant Other: _____

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SELF IDENTIFICATION (OPTIONAL - FOR REPORTING PURPOSES ONLY)

Do you identify yourself as an Indigenous person of Canada as defined by Section 35, Powley, or Daniels?

Yes No If yes (optional): First Nations Métis Inuit Community: _____

Are you a visible minority as defined by the Employment Equity Act?

Yes No Choose not to disclose

Do you identify as a person with a disability?

Yes No Choose not to disclose

PROGRAM AND COURSE INFORMATION

To avoid processing delays, please ensure all fields in this section are complete. Questions? Please call us at 604-323-5322 for assistance

Program name: _____

COURSE NAME	COURSE REGISTRATION NUMBER (CRN) (5 DIGIT NUMBER BEGINNING WITH '5' FOR SPRING COURSES, '6' FOR SUMMER AND '7' FOR FALL)	START DATE AND TIME	FEE

STUDENT CONTACT INFORMATION

Email address of applicant: _____

(Email is the primary form of communication from Langara)

Primary telephone: _____ Alternate telephone: _____

Mailing address

Street address line 1: _____ Street address line 2: _____

City: _____ Province/state: _____ Country: _____ Postal code: _____

Emergency contact name: _____ Emergency contact phone number: _____

COLLECTION, USE, AND DISCLOSURE OF STUDENT INFORMATION FOR STRONGERBC FUTURE SKILLS GRANT

Your personal information on this form is collected by the institution you are attending under sections 26(c), 26(e), 27(1)(b) and 33(2) (d) of the B.C. Freedom of Information and Protection of Privacy Act. It will be used by the institution to manage, administer and report on program enrolments and completions. It will be disclosed to the Ministry of Post-Secondary Education and Future Skills for administration, evaluation, accountability, and reporting purposes, including to determine your eligibility for funding under StrongerBC Future Skills Grant (FSG).

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COLLECTION, USE, AND DISCLOSURE OF STUDENT INFORMATION

Langara College collects the information on this form under the authority of the College and Institute Act [RSBC 1996, Chapter 52, Section 41.1]. This information is needed, and will be used, for purposes that are consistent with activity necessary to the operation of the College and in compliance with the provisions of the Freedom of Information and Protection of Privacy Act [RSBC 1996, Chapter 165]. This information will be used for admission, registration, and maintenance of your student record. Information is shared with College Advancement and the Langara Students' Union.

The personal information you provide on this form may be shared with the Ministry of Education and will be used to verify your British Columbia Personal Education Number (PEN) or assign one to you. The personal information you provide and your PEN are used for authorized statistical and research purposes only.

For questions about the collection, use and disclosure of your personal information, contact Continuing Studies Registrar's Office at 604.323.5322 or the Dean of Continuing Studies at 604.323.5322.

DECLARATION

- By submitting this form I certify that a) I am the person named in the "Personal Information" section above, or I am an agent acting on behalf of the applicant with their permission, b) I agree to the following:
- All statements on this application are true and complete.
 - I authorize Langara College to verify any information provided as part of this application.
 - I understand that evidence of falsified documents or misrepresentation will result in the cancellation of my registration.
 - I understand that information about falsified documents is shared with other Canadian colleges and universities.
 - I understand and acknowledge that it is my responsibility to be aware of, and comply with, all Langara College policies and procedures.
 - In consideration of Langara College permitting me to participate in any program, I hereby release Langara College, its officers, employees, servants, agents, contractors, and subcontractors from any and all claims and waive any and all claims I may have now or in the future against Langara College, its officers, employees, servants, agents, contractors, and subcontractors that arise out of or are related in any way to my involvement in any program and all associated activities.

I acknowledge and agree that:

- I am either 19 years of age or older, **or** I have graduated from Grade 12 (or equivalent).
- I am only entitled to benefit from StrongerBC Future Skills Grant funding to a maximum lifetime amount of \$3,500.
- I am responsible for paying back any amount of StrongerBC Future Skills Grant funding that has been provided in excess of this amount.
- I am not receiving duplicative funding for this program, and I am not receiving funding from StudentAid BC for this program and course(s). *You can receive funding for costs that are **not** covered by the StrongerBC Future Skills Grant.*
- I understand that if I am receiving any federal or provincial benefit (such as Employment Insurance or BC Employment and Assistance), I must seek approval from the appropriate government body before participating in a program.
- I understand that the StrongerBC future skills grant (FSG) benefits may have tax implications. I will consult the Canada Revenue Agency (CRA) for tax advice.
- If I am a current WorkBC Employment Services client, I will work with my employment counsellor before I register with a public post-secondary institution. *You do **not** need to be a WorkBC Employment Services client to access the StrongerBC Future Skills Grant.*
- I understand that if I require additional financial supports like living supports or daycare to attend training, I can contact my local WorkBC Centre six–eight weeks in advance to determine if I am eligible.
- I understand that the amount of StrongerBC future skills grant funding that I have benefited from is subject to review and audit.

Student's signature

Date signed (YYYY/MM/DD)

OFFICE USE ONLY

Approved by: _____

Date: _____