



2011 / 2012 APPLICATION AND ASSESSMENT FORM

Canadian International Training Education Corp
 CGA Programs Unit
 Suite 500 - 666 Burrard Street
 Vancouver, BC, V6C 3P6 Canada
 T: 604 630-9783 / F: 604 637-9616
 E: cgaa@citrec.com / W: www.citrec.com

PERSONAL INFORMATION

EMPLOYMENT INFORMATION

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	First (Given) Name	Middle Initial	Surname (Family) Name	Birthday – month/day/year
Preferred Mailing/Delivery Address Home <input type="checkbox"/> Business <input type="checkbox"/>			Company Name	Position
Home Address			Work Address	
City/Province	Country/Postal Code		City/Province	Country/Postal Code
Tel		Fax	Tel	
			Fax	
Preferred E-mail			Alternate E-mail	

PREVIOUS EDUCATION *(Please have official transcripts issued to CGA-Canada)*

Name of University / College / Institution	Location: City/Country	Attended From Year/Month	Attended To Year/Month	Name of Degree/Diploma/Designation (leave blank if program is incomplete)

TOTAL Payable to CGA-Canada	C\$ 100.00
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OFFICE USE ONLY

Declaration

1. Have you ever been enrolled as a CGA Student? Yes No If yes, please indicate Student ID _____
2. Have you been convicted of a criminal offence? Yes No If yes, attach a description in a sealed envelope marked 'Confidential'
3. Have you ever as a member of a professional association or body, had disciplinary action commenced against you, or been censured, suspended or disqualified? Yes No If yes, attach a brief description of the circumstances
4. Have you ever been denied, or had revoked, a license or permit whose procurement required proof of good character? Yes No
5. Have you ever been refused registration as a student, an accountant or similar position in a professional association or body in any jurisdiction? Yes No
6. Have you declared bankruptcy within the past 7 years? Yes No If yes, please attach a copy of the letter of bankruptcy discharge.
7. If accepted into the CGA Program, I, the applicant, agree to read and strictly comply with and be bound by the Bylaws, Code of Ethical Principles and Rules of Conduct, and policies of the CGA Association. I acknowledge that I have access to these regulations through the CGA Canada website and will monitor it for any changes that may occur from time to time. I understand that any breach of these rules and regulations could make me liable to disciplinary action under these regulations.
8. If accepted into the CGA Program, I agree to read and strictly comply with and be bound by all student regulations found within the Student Handbook. I also agree to keep appraised and adhere to any other policies or procedures that may be circulated by the Association from time to time. I understand that any violation of these rules and regulations could make me liable to disciplinary action under these regulations, including expulsion from the program.
9. I understand that my eligibility to become a CGA student will be based solely on this Application and Assessment Form along with the necessary additional documentation sent to support this form. I understand that any falsification on this form or falsification of supporting documents is grounds for expulsion from the CGA Program.
10. I certify that all statements on this application for admission and all related supporting documentation sent at this time or supporting documentation sent directly to the Association are true and complete.

The information provided in this form will be subject to the provisions of the Freedom of Information and Protection of Privacy act of British Columbia.

Signature: _____ Date: _____

PAYMENT OF FEES - I authorize CGA to charge **C\$100.00**

To my VISA MasterCard Card Number _____

Expiry Date (mm/yy) _____ Cardholder Name/Signature _____