

# FIRST LINE SUPERVISOR

## Application for:

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e-COURSE (new applicant)

RENEWAL

## Instructions:

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- Complete this application in black or blue ink and ensure it is signed.
- Please note that incomplete applications will not be processed.
- Please note that only applications that meet all prerequisites will be processed.
- Please submit this signed application by

email: [fls@yukoncollege.yk.ca](mailto:fls@yukoncollege.yk.ca)

Fax: (867) 668-2935

Mail: Centre of Northern Innovation in Mining  
Box 2799, 500 College Drive  
Whitehorse, YT, Y1A 5K4

## Prerequisites

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**Do you have a current Standard First Aid Certification with CPR A, C or HCP?**

yes (copy must be attached)

no

**Do you have at least 2 years of experience in the industry you will be supervising in? *For renewal: 6 months experience in the past 5 years?***

yes

no

**Which mining industry is your experience in?**

underground  surface mining

placer mining  mineral exploration

other: \_\_\_\_\_

## Applicant Information

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City: \_\_\_\_\_ Terr./Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel. (h): \_\_\_\_\_ Tel. (w): \_\_\_\_\_ Tel. (c): \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (DD/MM/YY)

## Payment Information

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Applicant

Other: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Position: \_\_\_\_\_ Tel. #: \_\_\_\_\_



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# FIRST LINE SUPERVISOR

## Employer Information

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Job title: \_\_\_\_\_

Employer website: \_\_\_\_\_

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Phone number: \_\_\_\_\_

## Collection, use and disclosure of participant information

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Personal information collected from applicants will be held and used in accordance with the Yukon Access to Information and Protection of Privacy Act (ATIPPA) and the Yukon College Information Access and Privacy Protection policy. This information will be used for admission, registration, fee collection, and maintenance of your student record and other purposes consistent with the mandate of the institution. Contact information is shared with the Yukon College Student Union. The personal information you provide is also used for authorized statistical and research purposes.

Students who would like Yukon College to release financial and/or academic information to an individual, a parent, or an agency external to the College must give the College written permission to release that information. At the time of registration, students may authorize the release of specific information to individuals or organizations.

Please refer to the Yukon College Information Access and Privacy Protection Policy at [yukoncollege.yk.ca](http://yukoncollege.yk.ca) for more information on the use of student information. If you have any questions about the collection, use, and disclosure of student information, please contact the Office of the Registrar at 867.668.8710.

## Declaration

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*I declare that the information given in this application and supporting documents is complete and correct. I authorize Yukon College to verify any information provided as part of this application. I understand and acknowledge that documents submitted as part of this application will not be returned. I understand and acknowledge that it is my responsibility to be aware of, and comply with, all Yukon College policies and procedures.*

**Admission to Yukon College programs is subject to assessment of qualifications and availability of seats.**

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date signed (DD/MM/YY)

## Office Use

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Student number:	Date received (DD/MM/YY)	Holds <input type="radio"/>	Probation <input type="radio"/>	SPAIDEN <input type="radio"/>
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