



Archbishop Anthony Meagher Catholic Continuing Education Centre

458 Fairall St., Ajax, ON, L1S 1R6 Tel: (905) 683-7713 Fax: (905) 683-9436



Hospitality and Tourism Certificate Program

Semester 2: November 14 to January 26, 2018

Class Schedule: 8:30 am – 11:00 am (In Class Training) 12:00 pm – 3:00 pm (Co-op Placement, hours may vary)

Please Print

Last Name: _____ **First Name:** _____
Legal Surname Legal Given mm dd yyyy

Your maiden OR previous last name: _____ Male OR Female **Birth Date:** ___ / ___ / ___

Street Address Apt. / Unit No. City Postal Code

Home Phone: _____ **Cell:** _____ **Work Phone:** _____

E-mail: _____ **Country of Birth:** _____

Province of Birth: _____ **YOU MUST PROVIDE PROOF OF CANADIAN CITIZENSHIP**

Citizenship Status: Canadian Citizen Permanent Canadian Resident Landed Immigrant
 Student Visa Other: _____

If not born in Canada, date of entry into Canada: _____
Year / Month / Day

First Language Spoken: English French Other: _____

EMERGENCY INFORMATION: Your Health Card # (OHIP): _____ • _____ • _____

List medical conditions that you have:

Person to contact in case of emergency: _____ (_____) _____
Phone number Relationship to student

PREVIOUS EDUCATION:

Have you been a student at Archbishop Anthony Meagher before? No Yes,

Day School Yes Correspondence Yes Adult Upgrading Yes

If yes to above have you earned credits at this site? Yes No

Are you currently attending another school, educational institution, or program: Yes No

If "yes" Part time Full time where?: _____

LAST HIGH SCHOOL Attended: _____ City: _____ Year: _____

Official Ontario Student Transcript is required to register OR YEAR of OSSD Graduation: _____

OSSLT: Successfully completed Ontario Literacy Test? Yes, Year: _____ No N/A
Please check the highest level of education that you have attained:

I have completed: Grade 9 Grade 10 Grade 11 Grade 12 College University Other _____

WORK EXPERIENCE:

Do you currently work in the Hospitality and Tourism field? Yes No

Have you previously worked in this field? Yes No

If yes, where? _____ For how long? _____

Position: _____ Part time Full time



Archbishop Anthony Meagher Catholic Continuing Education Centre

458 Fairall St., Ajax, ON, L1S 1R6 Tel: (905) 683-7713 Fax: (905) 683-9436



HOSPITALITY AND TOURISM TRAINING:

List any related courses or certifications you have taken: _____

SUBSIDIZED COST:

If you are receiving funds to participate in the Hospitality and Tourism Certificate Program, complete the following:

Organization: _____ Contact Person: _____

Business Phone #: () _____ Fax # () _____

PROGRAM COMMITMENT:

If admitted to this program, I understand that attendance and punctuality are mandatory for successful completion.

Archbishop Anthony Meagher C.C.E.C. reserves the right to decline an application if a student is not able to meet the program requirements or placement criteria for working in a hospitality and tourism facility. I acknowledge that I have read and understand the above conditions for placement.

Signature: _____ Date: _____

FULL NAME:(PRINT) _____

Please note: Fees Associated with the Hospitality and Tourism Certificate Program

Included in the \$195 Fee:

- Registration Fee
- Service Excellence Certification
- Safe Food Handling Certification
- Smart Serve Certification
- WHMIS Certification

Prior to the placement portion of the program, student must provide to teacher:

- Criminal Reference Check for Vulnerable Sector - **\$20.00** (paid to provider)

FOR OFFICE USE ONLY

MATERIAL FEES: \$ 195.00

Cash/Debit/CC Payment: _____ Date: _____ Rec'd by: _____

Cash/Debit/CC Payment: _____ Date: _____ Rec'd by: _____

PAID IN FULL: _____
Date Signature