

## Registration Request

### A - Candidate Personal Data

Surname		First Name		Initials
Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender		Rank		HRMIS No. (RCMP only)
Name of Police Service or Agency				

### Business Address

Number and Street		City		
Province/Territory		Country		Postal Code
Candidate Email Address		Work Telephone Number		Other Telephone Number

### Services Required

Accommodation and full meal plan (BFM)   
  Accommodation but no meal plan (BP) (cash cafeteria services on-site)   
  No accommodation with lunch and break plan (NL)   
  No accommodation - No meal plan (NP) (cash cafeteria services on-site)

Accommodation Type (based on availability):   
  Single room with a shared bathroom between two rooms (\$95.00)   
  Single room with a private bathroom (\$105.00)

Allergies, special conditions or training requests Please specify:

### B - Candidate Data

Course Title		Session Number	Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)
Number of Personnel Supervised by Candidate	Experience Performing these Duties (years/months)		Total Years of Service	

Explain how the candidate meets the course selection criteria (i.e. indicate prerequisites when applicable, course, date completed, training institution), as outlined in the course description on [our web-site](#).

Supporting Documentation

Authorizing Supervisor's Name	Authorizing Supervisor's Signature
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### C - Financial Authority (to be completed by Authorizing Training Coordinator only)

I authorize participation on this course and confirm that the applicable fees for tuition (accommodation and meals when applicable) will be paid in full or any cancellation fees.

Name of Paying Organization		Cost Center (RCMP / HQ only) (A9999)	<input type="checkbox"/> FIS form attached for Federal Canadian Agencies
Name		Title	
Email Address	Work Telephone Number		Work Fax Number
Financial Authority's Signature			Date (yyyy-mm-dd)

## Registration Request

Canadian Police College Use Only			
Training Section	Date Received (yyyy-mm-dd)	Date Reviewed (yyyy-mm-dd)	Registration Approved <input type="radio"/> Yes <input type="radio"/> No
Selection Criteria <input type="checkbox"/> Prerequisites <input type="checkbox"/> Supporting Documentation	Facilitator's Name	Facilitator's Signature	
Comments			