ROBETECH INSTITUTE

International Application Form

Title (Ms., Mrs., Mr., Dr.) _____ First Name (legal) _____ Middle Name (legal) _____

Previous Names (if applicable) _____ Last/Family Name (legal) _____

Mailing Address (Include Country, City, Province/State, Postal/Zip Code) _____

Mailing Address _____

TelephoneNo. (Home) _____ E-Mail _____

Gender ○ Male ○ Female Birthdate ___ ___/___ ___/___ ___ ___ ___
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PASSPORT INFORMATION:

Passport Number _____

Date of Issue: _____ Date of Expiry: _____

Country of Birth: _____ Country of Citizenship: _____

PROGRAM OF INTEREST

○ Medical Laboratory Technician
○ Physiotherapist & Occupational Therapist Assistant
○ Medical Office Assistant
○ Personal Support Worker
○ Live In Caregiver

EMERGENCY CONTACT - Home Country or In Canada

First Name _____ Last Name _____ Relationship with student _____

MailingAddress _____ Telephone No. (Home) _____

In accordance to the **Personal Information Protection and Electronic Documents Act (PIPEDA)** by signing this contract form, I hereby authorize Robetech Institute Inc. to release any and all information related to any and all aspects of my application for admission, acceptance, fees and or program of studies to the emergency contacts whose names and addresses are stated above. I certify that the person(s) I have stated above are in agreement and has my permission to use this information to successfully register at Robetech Institute.

Please send this application form along with all supporting documents requested

FAX / EMAIL:
416-467-1049 / advance@robetech.com

OR

MAILING ADDRESS:
Robetech Institute Inc.
150 Laird Drive, Suite 202 Toronto ON
Canada M4G 3V7

By signing this agreement, the undersigned acknowledges that the above information is true and accurate, and that all school policies have been read and understood.

Applicants Signature: _____

Date: _____