



# COMMUNITY PEACE OFFICER INDUCTION PROGRAM

## APPLICATION FOR ENROLLMENT

### Municipal Application Form

GENERAL INFORMATION:	
<b>Application Forms:</b>	Must be complete and include all attachments. See below and Part 5 for specific requirements. Submit as soon as possible as candidates will be assigned on a first come-first-serve basis.
<b>Course Fees:</b>	<p><b>The fee for the course is \$8,899 + GST (including accommodations)</b>  <b>The fee for the course without accommodation is \$6,759.00 + GST</b></p> <p><i>Applicants:</i> An invoice will be sent to the Authorized Employer one month before the course start date for payment. <b><i>This training program is not subsidized by the Government of Alberta.</i></b></p>
<b>Medical Consent Form:</b>	Must accompany the application. This form may be one that the Authorized Employer uses for employment or a doctor's physical assessment. Your doctor must sign this form declaring your fitness to participate in this course and is valid within six months of the course start date. ( <i>This is not the same as a PARE or COPAT certificate.</i> )
<b>PARE / COPAT Tests:</b>	Must accompany the application. Valid for six months only. If the PARE and COPAT expires before the first day of class, a new PARE test result must be submitted two weeks before the course date. Lac La Biche County does offer this testing. Please reach out to our office for arrangements and pricing.
<b>Accommodations:</b>	Accommodations are provided to those that require them. However, the accommodations provided will be shared four-bedroom townhouses. A kitchen is provided in all units, no dishes or pots/pans are provided. Bedding is also not provided.
<b>Confirmation of Enrollment:</b>	A confirmation email will be sent upon receipt of the application. The application <b>must be completed in full</b> .
<b>Reserved Spaces:</b>	To reserve an unassigned seat in the recruit class, an Authorized Employer must pay a \$1,000 deposit. A completed application must be received for the reserved seat <b>at least 30 business days prior</b> to the course start date. <b>Failure to do so will result in the seat being released and the deposit being forfeited.</b> The deposit will be applied to the total fees owing if the seat is filled by the Authorized Employer.
<b>Cancellations and withdrawals:</b>	Cancellations and withdrawals from agencies less than 20 business days before the course start date or within the first three (3) weeks of the course will be required to pay 100% of the course fee.
<b>Course Cancellation:</b>	If insufficient applications are received, the course may be <u>cancelled</u> . Applicants will receive notice three weeks before the commencement date and will automatically be enrolled in the next scheduled course date or if you wish be given a full refund. Keep in mind this is a first come first served course.



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#### APPLICATION REQUIREMENTS:

##### APPLICANTS:

- ☐ Complete the application form; Supervisor signature must appear in Part 6
- ☐ Attach current Medical Consent Form
- ☐ Attach current PARE test results
- ☐ Course fee: The employer will be invoiced 30 days prior to the course start date

#### PART 1 - APPLICANT INFORMATION

Surname	First Name	Middle Name
Address (incl. Apt/Suite #)		
City	Prov	Postal Code
Daytime Phone	Home Phone or Cell	Date of Birth (yyyy-mm-dd)
E-mail address		Gender M F

#### PART 2 - AUTHORIZED EMPLOYER INFORMATION

Name of Authorized Employer		
Address (incl. Unit/Suite #)		
City	Prov	Postal Code
Immediate Supervisor Name		Phone
Supervisor's E-mail		



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## PART 3 - COURSE DATE & ACCOMMODATION

Please specify the course date below.

- ☐ **March 4 – May 24, 2024**
- ☐ **August 19 – November 7, 2024**

**ACCOMMODATION:** Do you require accommodation at Portage College while attending this Induction Program?

YES

NO

## PART 4 - DOCUMENT CHECK LIST

- ☐ Completed Application
- ☐ Medical consent form
- ☐ PARE test results (must be no more than six months old)

## PART 5 – DECLARATION & AUTHORIZATION

*I declare that the information provided in this application is accurate, and I understand that providing false or misleading information may result in my removal from the program.*

Name (print)	Signature	Date

### Supervisor Authorization for Attendance and Payment

Name (print)	Signature	Date

### PLEASE SEND ALL APPLICATIONS TO:

Attention: CPOIP Application  
Lac La Biche County Enforcement Services  
Box 1679  
Lac La Biche, AB T0A 2C0  
E-mail: [training@laclabichedcounty.com](mailto:training@laclabichedcounty.com)

Application received on: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Confirmation sent on: \_\_\_\_\_