



COMMUNITY PEACE OFFICER INDUCTION PROGRAM

APPLICATION FOR ENROLLMENT

Public Application Form

GENERAL INFORMATION:	
Application Forms:	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-served basis.
Course Fees:	The fee for the course is \$10,399 + GST (including accommodations) The fee for the course without accommodation is \$8,899.00 + GST Participants will receive a receipt once full payment has been received.
Required Equipment:	Applicants: You will be required to purchase these items. <ul style="list-style-type: none"> - Black duty boots (must not be steel-toed) - Tie clip (plain silver) - Black leather belt with silver buckle - Belt keepers - Search gloves
Medical Consent Form:	Must accompany the application. This form is attached for your reference. 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>)
PARE Test:	Must accompany the application. Valid for six months only. If the PARE or 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.
Letters of Reference	All participants are required to provide three Letters of Reference with their application. One should be from a current employer and two from a past employer, teacher, coach or mentor.
Supporting Documents	<p>All participants will be required to provide a clean Criminal Record Check, with a Vulnerable Sector Check and a Drivers Abstract (all within the last 6 months)</p> <p>All participants are required to submit the following:</p> <ul style="list-style-type: none"> - Cover Letter (This should state why you wish to receive this training, and any applicable training, schooling, or job functions you have completed prior to attending training), - Resume, - Valid First Aid/CPR-C certificate, - Copy of high school diploma or equivalent with transcripts, - Copies of any applicable courses, certificates that you feel relate to your success in this program.



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Interview	All participants will be subject to a panel interview with the program administrator and core instructors.
Accommodations:	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.
Confirmation of Enrollment:	An expression of interest confirmation e-mail will be sent upon receipt of your application.
Reserved Spaces:	In order for a candidate to reserve a spot in the training program they will be required to pay half of the course fees upon successful completion of the screening process and acceptance into the program. The remaining half must be paid no less than 30 days prior to the course start date.
Cancellations and withdrawals:	Cancellations and withdrawals from participants less than 20 business days before the course start date or within the first three (3) weeks of the course will forfeit all (100%) of the course fee.
Course Cancellation:	If insufficient applications are received, the course may be <u>cancelled</u> . Applicants will receive notice 3 weeks before the commencement date and will automatically be enrolled in the next scheduled course date or receive a full refund . Note that it is a first come first served.

APPLICATION REQUIREMENTS:

- | | |
|---|--|
| <input type="checkbox"/> Completed application form | <input type="checkbox"/> High school diploma / equivalent with transcripts |
| <input type="checkbox"/> Resume / Cover letter | <input type="checkbox"/> Attach current Medical Consent Form |
| <input type="checkbox"/> Attach Letters of Reference | <input type="checkbox"/> First Aid / CPR- C Certificate |
| <input type="checkbox"/> Attach current PARE test results | <input type="checkbox"/> Criminal Record Check with Vulnerable Sector |

Course fee: The participant will receive a receipt once full payment has been received.



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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 <div style="text-align: center;">M F</div>

PART 2 – Current Employer Endorsement (Could be employer, coach, or a teacher)
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**This Section is an endorsement from a current/past employer, teacher or coach.
This should be different from your Letters of Reference.**

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

PART 3 – Previous Applications to any Police Service
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List all applications to any police service. Attach any applicable deferral letters received. Part 3 is required if you have applied to any police service.

Police Agency	Application Date (YY/MM/DD)	Status (reason for non-selection if applicable)
Police Agency	Application Date (YY/MM/DD)	Status (reason for non-selection if applicable)



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Police Agency	Application Date (YY/MM/DD)	Status (reason for non-selection if applicable)
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PART 4 - 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 5 - DOCUMENT CHECK LIST

- ☐ Completed application
- ☐ Letters of reference
- ☐ Criminal Record Check with Vulnerable Sector Clearance
- ☐ Resume
- ☐ Cover Letter
- ☐ Valid First Aid/CPR-C Certificate
- ☐ Medical consent form
- ☐ PARE test results (must be no more than six months old)
- ☐ High school diploma or equivalent with transcripts

PART 6 – 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



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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

Application received on: _____

Reviewed by: _____

Confirmation sent on: _____