

# BYLAW ENFORCEMENT OFFICER INDUCTION PROGRAM

## APPLICATION FOR ENROLLMENT

### MUNICIPAL APPLICATION FORM

GENERAL INFORMATION	
<b>Application Forms</b>	Must be complete and include all attachments. See below for specific requirements. Submit as soon as possible as candidates will be assigned on a first come-first-serve basis.
<b>Course Fees</b>	The fee for the course is \$2,800 + GST (including accommodations). The fee for the course without accommodation is \$2,065.00 + GST.
<b>Medical Consent</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.
<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>Uniform Requirements</b>	Participants are required to be in a uniform during training. It is recommended that participants have a minimum of 2 navy-blue pants and 2 grey uniform shirts.
<b>Confirmation of Enrollment</b>	A confirmation email will be sent upon receipt of the application. The application must be completed in full.
<b>Cancellations and Withdrawals</b>	Cancellations and withdrawals from agencies less than 20 business days before the course start date course will be required to pay 100% of the course fee.

### Application Checklist

Complete application form, supervisor signature must appear in Part 6.

Attach current Medical Consent Form.

Course fee: employer will be invoiced 30 days prior to course start date.

## Part 1 - Applicant Information

<b>Surname</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Address (incl. apt/suite)</b>		
<b>City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Cell Phone</b>	<b>Other Phone</b>	<b>Date of Birth (yyyy-mm-dd)</b>
<b>Email Address</b>		<b>Gender</b>

## Part 2 - Employer Information

<b>Employer Name</b>		
<b>Address (incl. apt/suite)</b>		
<b>City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Supervisor Name</b>		
<b>Supervisor Email</b>		<b>Supervisor Contact Number</b>

## Part 3 - Course Date & Accommodations

Please specify course date below:

January 15 - February 1, 2024

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

Yes

No

#### Part 4 - Participant Declaration and Supervisor 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	Signature	Date (yyyy-mm-dd)

#### Supervisor Authorization for Attendance and Invoice/Payment

Name	Signature	Date (yyyy-mm-dd)

#### Please send applications to:

ATTN: Training Coordinator  
Lac La Biche County Law Enforcement Training Program  
PO Box 1679  
Lac La Biche, AB T0A2C0

**OR**

Email: [training@laclabichedcounty.com](mailto:training@laclabichedcounty.com)

\*incomplete applications will not be accepted\*