


BETECH INSTITUTE INC.
 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

Telephone No. (Home) _____ E-Mail _____ Telephone No. (Fax) _____
 If Available

Gender Birthdate
 Male _____ / _____ / _____
 Female _____ D D M M Y Y Y Y

Passport Number: _____

Date of Issue: _____ Date of Expiry: _____

Country of Birth: _____ Country of Citizenship: _____

Program of Interest

Diploma – Full Time Courses

- Medical Laboratory Technician
- Medical Office Assistant
- Electrocardiogram/Phlebotomy Technician
- Physio & Occupational Therapy Assistant
- Personal Support Worker
- Live In Caregiver

Diploma – Foreign Trained

- Medical Laboratory Technician
- Physiotherapy Assistant
- Occupational Therapy Assistant
- Personal Support Worker

Emergency Contact – In Home Country

First Name _____ Last/Family Name _____ Relationship to Student _____

Mailing Address _____ Telephone No. (Home) _____

If you have an Emergency Contact In Canada, Please Fill Out:

First Name _____ Last/Family Name _____ Relationship to Student _____

Mailing Address _____ Telephone No. (Home) _____

In accordance to the **Personal Information Protection and Electronic Documents Act (PIPEDA)** by signing this contract form, I hereby authorize Robotech 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 Robotech Institute.

Please send this application form along with all supporting documents requested

MAILING ADDRESS:

Robotech Institute Inc.
 150 Laird Drive, Suite 202
 Toronto ON Canada
 M4G 3V7

OR

FAX / EMAIL:

416-467-1049 / info@robotech.com

Applicants Signature: _____

Date: _____