ONTARIO POLICE COLLEGE

MINISTRY OF COMMUNITY SAFETY and CORRECTIONAL SERVICES

APPLICATION FORM

Senior and Special Courses
Ontario Police Services

(Please Print)

Fully completed application must be received three weeks prior to course commencement.

COURSE NAME _____

COURSE DATE _____

COURSE LOCATION _____

Surname **(if other name previously used write in brackets)** _____ **First Name** _____ **Middle Name** _____

E-mail address _____ **Badge / Service No. (if applicable)** _____

Employer: **Ontario Provincial Police/Municipal Police Service/Other** _____ **Rank / Title** _____

Employment date ____ / ____ / ____ (MM / DD / YY)

☐ **Male**

☐ **Female**

D.O.B. ____ / ____ / ____ (MM / DD / YY) OR _____ **Student Number**

COURSE PREREQUISITES / RELATED POLICE TRAINING

Date	Course/Training/Other Equivalent	Training Agency Name/Location
____ / ____ / ____		
____ / ____ / ____ (MM / DD / YY)		

_____ Signature (student)

_____ Signature (Chief/OPP Commissioner/designate)

NOTE: Submission of completed application presumes authorization from the applicant's agency. Applications not completed in full with prerequisites may be delayed or deferred.

Personal information contained on this form is collected pursuant to section 38(2) of the Freedom of Information and Protection of Privacy Act and will be used for the purpose of course registration and administration with the Ontario Police College.

Jan 2015