

REGISTRATION FORM

TO BE COMPLETED BY THE EMPLOYEE:

Course Registration Form

Course Title: _____	Location:
Date(s): _____	<input type="checkbox"/> St. John's
Your job responsibilities related to the course content:	<input type="checkbox"/> Gander
_____	<input type="checkbox"/> Grand Falls-Windsor
_____	<input type="checkbox"/> Corner Brook
	<input type="checkbox"/> Happy Valley-Goose Bay
	<input type="checkbox"/> Other _____
	(Please specify)
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	Office Tel No: _____
Name: _____	Fax No: _____
Position Title: _____	
Department: _____	Pay Level:
Division: _____	<input type="checkbox"/> GS
E-mail Address: _____	<input type="checkbox"/> HL
Workplace Mailing Address: _____	<input type="checkbox"/> Other _____
_____	(Please specify)
Postal Code: _____	
Special Needs (Medical/accessibility/allergy)	Classification:
_____	<input type="checkbox"/> Support Staff
_____	<input type="checkbox"/> Supervisory
	<input type="checkbox"/> Management
	<input type="checkbox"/> Other _____
	(Please specify)
Signature: _____	
Date: _____	

TO BE COMPLETED BY MANAGER:

Name: _____	Office Tel: _____
Position Title: _____	Fax No: _____
State how this learning relates to the employee's/organization's performance expectations:	

Date: _____	Signature: _____

Please ensure this registration form is completed in full and mailed or faxed (729-4114) to the Centre for Learning and Development, Public Service Secretariat, 5th Floor, West Block, Confederation Building, P.O Box 8700, St. John's, NL, A1B 4J6, at least 15 days prior to the course commencement date.

Date Received by the Centre for Learning & Development: _____



Privacy Statement for the Centre for Learning and Development

Under the authority of programs managed by the Centre for Learning and Development, personal information shall be collected and used for the purpose of program administration. Personal information that you provide is protected under the *Access to Information and Protection of Privacy Act* ("the Act") and shall not be disclosed or used for any purposes other than those in accordance with the Act.

For further information, please feel free to contact the Centre for Learning and Development.

Address: 5th Floor, West Block, Confederation Building
St. John's, NL A1B 4J6
P.O. Box 8700

Telephone: (709) 729-3653
Facsimile: (709) 729-4114
Website: www.exec.gov.nl.ca/shrpbranch/cld

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