



## Oshki-Pimache-O-Win: The Wenjack Education Institute Security Guard Certification Course Application Form

**Program requirements: 18 years or older. Must be legally entitled to work in Canada.**

**APPLICANT INFORMATION: (Please print)**

First Name	Middle Initial	Last Name	
Address (P.O. Box #, Street Address)			
City/Town/First Nation		Province	Postal Code
Phone Number	Work Number	Email Address	
Date of Birth	First Nation Name	Band Registry Number	

**PROGRAM INFORMATION:**

Program Name	Program Type	Potential Start Date
1. Security Guard Certification	Course	D / M / Y ____/____/____

**PAYMENT INFORMATION: Course Tuition is \$1000.00 Payable to Oshki-Wenjack.**

**Separate fee for provincially mandated License Test Fee is \$66.50 plus 13% HST for a total of \$75.15. Test results will be made available within 5 business days of completion of the test. Candidates who are eligible and wish to retain both Security Guard and Private Investigator licences must take and pass both tests.**

Sponsor Name (FN, Tribal Council, self-funded)	Contact Person	Contact Telephone #

**SUPPLEMENTAL INFORMATION: You will require use of a computer and internet to take this program.**

Do you have regular access to a computer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have regular access to the internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have recent vulnerable sector criminal records check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a current First Aid/CPR Certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do You have a Class G Ontario driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**STATISTICAL INFORMATION:**

Age _____
<input type="checkbox"/> Male <input type="checkbox"/> Female    Other: _____
<input type="checkbox"/> Status Indian
<input type="checkbox"/> Non-Status Indian
<input type="checkbox"/> Metis
Other _____

Where did you hear about Oshki?
<input type="checkbox"/> Facebook
<input type="checkbox"/> Advertisement
<input type="checkbox"/> Relative/Friend
<input type="checkbox"/> Community Posting
<input type="checkbox"/> Other: _____

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Return to Oshki-Wenjack by fax: (807) 622-1818 or email [ahead@oshki.ca](mailto:ahead@oshki.ca)  
Or mail to 106 Centennial Square, 2nd Floor, Thunder Bay, ON P7E 1H3