



THOMPSON RIVERS  
UNIVERSITY

# TRU LIFE SKILLS

University and Employment Preparation Department

**Faculty of Education and Social Work**

**Winter 2018**

Name: **(Please Print)** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Student Number (if known) 

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Caregiver's Name: \_\_\_\_\_ Caregiver's Phone Number: \_\_\_\_\_

### **I would like to register in:**

**Please put an 'X' in in the box for the class you wish to take.**

Reading & Computer Skills – XASE 1200 @ TRU

Other Life Skills courses are available @ People In Motion.

If you wish to take both classes, put an 'X' in both boxes and put an asterisk (\*) beside your first choice.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this application package to:  
ContinuingStudies@tru.ca or mail to:  
Continuing Studies  
Thompson Rivers University  
805 TRU Way  
Kamloops, BC V2C 0C8**



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# Student Profile Fact Sheet

TRU Life Skills  
Faculty of Education and Social Work  
University and Employment Preparation Department

**Date Completed:** \_\_\_\_\_

Name of Individual: \_\_\_\_\_

Current Living Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Caregiver: \_\_\_\_\_

Telephone: \_\_\_\_\_

Caregiver Address: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Telephone: \_\_\_\_\_

Legal Authority (in case of emergency contact person): \_\_\_\_\_

Other Medical Persons:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Health Care Number: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Does student wear glasses, contact lenses or dentures?

Transportation to class: (City Bus, HandiDART, Car, bicycle, etc.) \_\_\_\_\_

Require wheelchair accessible (please circle) Yes No

Require one on one caregiver (please circle) Yes No

Significant Health Issues (needed to be known by instructors) \_\_\_\_\_



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# Health Information

TRU Life Skills  
Faculty of Education and Social Work  
University and Employment Preparation Department

**Date Completed:** \_\_\_\_\_

This information is confidential. A copy will be kept in the University Health Office while you are a registered student at Thompson Rivers University.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Care Card #: \_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_

Diagnosis (if relevant to college activities):

\_\_\_\_\_

Medications (dosage): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Family Physician: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Worker: Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Caregiver Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_



## CONSENT TO RELEASE PERSONAL INFORMATION TO THIRD PARTY

Thompson Rivers University complies with British Columbia's Freedom of Information and Protection of Privacy Act. Under the Act, TRU may not reveal personally identifiable information to parties outside TRU, except as described in TRU's Privacy Statement. As such, this Consent to Release Personal Information to a Third Party authorizes TRU to release personal information to the third party named below.

### 1. Student Information

Date:	_____
Student name:	_____
Date of birth:	_____

### 2. Student Signature

I, _____ (print student name) authorize TRU to release personal information to the third party indicated below.  _____ (Signature of student or guardian)  This signed authorization will remain in effect until _____ (date)
Description of personal information <b>not</b> to be released:     

### 3. Third Party

Name of organization:	<b>People in Motion</b>	Fax or e-mail:	<b>250-376-4689</b>
		Telephone:	<b>250-376-7878</b>
Address:	<b>182 B Tranquille Road</b>	City:	<b>Kamloops</b>
Province:	<b>BC</b>	Postal Code:	<b>V2B 3G1</b>