



THOMPSON RIVERS
UNIVERSITY

TRU LIFE SKILLS

University and Employment Preparation Department

Faculty of Education and Social Work

Fall 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.

Money & Social Skills – XASE 1100 @ 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 not to be released:

3. Third Party

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