

Ben Kersen & The Wonderdogs

133 Joseph Street, Victoria, B.C., V8S 3H6

Phone: (250) 389-1876 Fax: 389-1138

Toll-Free: 1-800-961-6616

www.wonderdogs.bc.ca

Professional Trainers Program - Application for Admission

THIS APPLICATION MUST BE ACCOMPANIED BY A \$250 NON-REFUNDABLE APPLICATION PROCESSING FEE.

THIS MAY BE PAID BY VISA OR MASTER CARD (NO PERSONAL CHEQUES).

I. General Student Information

Last Name _____ First Name _____

Address _____ City _____

Prov/State _____ Country _____ Postal Code _____

Phone - Home _____ Work _____ Cell _____

Email address _____ Start date of program you are applying for _____

Emergency contact person _____ Emergency contact phone _____

II. Dog Information

1. Do you have a dog? _____ If yes, name _____ age _____

sex _____ breed _____ Spayed or Neutered? _____

If you have more than one dog, please complete information for all dogs.

2. Do you intend to bring your dog to the program? _____

3. Does your dog show, or has it ever shown, any signs of aggression toward (check any that apply)

€ Family Members

€ People

€ Dogs

€ Other animals

4. Is your dog fearful of (check any that apply)

€ Loud Noise

€ People

€ Dogs

€ Unfamiliar Surroundings

5. Does your dog have any medical problems that we should be aware of? (List)

6. All inoculations, including **Bordetella** (kennel cough), must be up to date prior to commencement of the program. Please send a copy of your dog's health records prior to start date.

III. Transportation and Accommodation

1. Do you plan to drive or fly to Victoria to attend the program? _____
2. While here, will you have a vehicle suitable for transporting a dog? _____
3. Will you need accommodation? _____ If yes, smoking or non-smoking? _____

IV. Physical Information

Important -The Professional Trainers Program is physically strenuous. Applicants must be in very good to excellent physical condition to successfully complete the program.

1. Would you describe your physical condition as (check one)
- A) Excellent
 - B) Very good
 - C) Good
 - D) Fair
2. Do you have any health condition that would interfere with your progress in the Professional Trainers Program? (ie. knee problems, back problems, arthritis, asthma). _____
- _____

During the program, if you or your dog should acquire any contagious health condition, the school must be notified immediately for the safety of all participants.

V. Education

Education completed including high school (most recent first).

Name of Institute	Location	Program of study	Date of last attendance

VI. Personal Information

Hobbies/Interests _____

What assets do you feel that you possess for this course? (ie. knowledge of breeds, previous work with animals, good communication skills, good physical condition, etc) _____

What are your career objectives after completing this program? _____

Please submit two letters of reference (not from friends or family) that are either work, education, or character related within 5 days of submitting your application.

APPLICATION DECLARATION

1. I understand that acceptance of this application in no way guarantees admission to the program or course.
2. I understand that Ben Kersen and the Wonderdogs reserve the right to modify or cancel any course without notice or prejudice.
3. I hereby declare that the information I have submitted in this application is true and correct. I permit Ben Kersen to request and/or confirm any information necessary to support my application. I understand that falsifying any documents or information submitted will result in the immediate cancellation of my admission or registration.
4. In signing this application for admission, I understand that this information along with subsequent information placed in my student record will be protected and used in compliance with the Freedom of Information and Protection of Privacy Act (SBC1992) and the operation of the school. I understand that Ben Kersen gathers and maintains information used for the purposes of admission, registration, and other activities consistent with the administration of education programs. Information that I provide will also be used for non-administrative research purposes. The demographic information collected from the student during application and registration at Post Secondary education institutions in BC is required to ensure accurate assignment of a unique identifier for all people accessing education in the province. Students are required to supply this information in order to complete their registration in courses or programs with Ben Kersen and the Wonderdogs.

Applicants Signature

Date

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AUTHORIZATION FOR CREDIT CARD PAYMENTS

Applicant's Name: _____

Credit Card Type: Visa _____ Mastercard _____
(please ✓ card type)

I certify that the credit card information provided is correct and that I am the original cardholder. I further certify that the below signature is mine as it appears on the reverse of the card indicated. I hereby authorize BEN KERSEN & THE WONDERDOGS to charge from the credit card, without an imprint the amount of \$250.00 CDN as an application fee to the Professional Dog Trainers Program.

Credit Card Number: _____

Expiration date on card: _____ / _____

Name as it appears on Credit Card: _____

Cardholder's Signature: _____

Date signed: _____