



## 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