

**TRU LIFE SKILLS**

University and Employment Preparation Department

**Faculty of Education and Social Work**

**Fall 2024 & Winter 2025**

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

Student Number (**if known**)

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, it is ideal for full learning that students register for both semesters**.

Computer & Social Skills – XASE 1100

Reading & Money Skills – XASE 1200

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:**

[**programs@peopleinmotion.org**](mailto:programs@peopleinmotion.org) **or mail to:**

**People In Motion**

**182 Unit-B Tranquille Rd,**

**Kamloops BC**

**V2C 3G1**

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**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: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

1. **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: |

1. **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** |
|  |  |  |  |