



160 Gibson Drive, Unit 1, Markham On L3R 3K1
 Tel: 905 944 1944 Fax: 905 944 1950

For Office Use Only

Student ID: YLD Fee: \$
 Date of Receipt:
 Interview Approved
 Date of Completed:

Application For Youth Leadership Development Certificate Program

Specialization in Skill Development Outdoor Programming Multimedia Development

I. Personal Information

Last Name: _____ First Name: _____ Sex: M / F

Date of Birth: _____ mm/dd/yy Place of Birth: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Tel: (Home) _____ (Cell) _____

Email: _____

Education Level: _____ Name of School: _____

Occupation: _____ Name of Company: _____

Religion: _____ Church: _____

How long have you been in Canada? _____ year(s)

Language Ability:

Cantonese: Fluent Fair Little Incapable

English: Fluent Fair Little Incapable

Interests/Hobbies: _____

Have you ever participated in any Across U-hub activities?

No Yes (please specify) _____

Have you ever have any youth work experience?

No Yes (please specify) _____

II. Referee Information

Name of Referee / Organization: _____

Tel: _____ Email: _____

Relationship with Applicant: _____

Comment of Referee / Organization: _____

Signature / Stamp: _____ Date: _____

III. Statement of Intent.

Share with us why you apply for Certificate in Youth Leadership Development. (About 500 words in Chinese or 800 words in English)