



201-380 Leathead Road, Kelowna, BC V1X 2H8
P: 778-478-8313 E: efmcanada@kootenay.info

www.efmcanada.ca

Note: Group Mentors are to be contacted in advance of registration and must confirm that there are still openings in the group before any new registration forms will be processed.

STUDENT Registration Form 2019-2020

(for New, Transfer, Re-entry or Repeat Students)

Personal Information Note: my personal information has changed and needs updating. _____

Name: _____
Last First Initial

Address: _____
Street

City Province Postal Code

Phone: _____ Alternate Phone: _____

Email: _____

_____ EfM Canada may use my email for administrative and program purposes. I understand that my name may be removed from the email contact list at any time upon my written request.

Enrollment Fees (Check with your Mentor about which fee applies.)

_____ Non-Sponsored \$450 Bursary Request _____ (Application and documents must be included.)
_____ Sponsored \$350
Sponsor: Diocese _____ Parish _____ Other _____

Method of Payment

_____ Cheque (Payable to EfM-Canada)
_____ Money Order (Payable to EfM-Canada)
_____ MasterCard
_____ VISA

Note:
Fees for the 2019-2020 registration cycle will not be deposited (cheques / money orders) or processed (VISA / MasterCard) until after July 1st, the start of our new fiscal year. For those paying by cheque, please post-date your payment for July 1st or later. If you have questions regarding payment options please contact the office.

Group Face to Face _____ Online _____

Administrative Mentor: _____
(Name)

Group #/ID: _____

Additional Information

Birth Date: _____ / _____ / _____ (mm/dd/yyyy)

Occupation: _____ Level of Education: _____
(eg. Diploma, Bachelor's, Master's, Doctorate)

Denomination: _____

Diocese (if Anglican): _____

Your purpose in taking this program:

- _____ To increase my knowledge of Christianity
_____ To enhance my ministry as a lay person
_____ To improve my effectiveness as a professional church worker
_____ I am thinking about seminary
_____ As partial preparation for ordination
Other: _____

Registration Status

New: _____ Transfer: _____ Re-Entry: _____ Repeat: _____

Please enter Start Date (e.g. **09/01/19** or **01/01/20**) for the Program Year in which you are registering.

Year 1: _____ Year 2: _____ Year 3: _____ Year 4: _____

If you have been registered in EfM before and are a Re-Entry or Repeat registration:

Previous Mentor: _____

Year When Last Registered: _____ Program Year Completed: _____

Signature: _____

Date: ___ / ___ / ___ (mm/dd/yy)

EfM Canada Privacy Policy: The personal information of individual students and mentors is collected only for the internal purposes of EfM Canada and the EfM program in the sponsoring diocese. EfM Canada complies with the *Personal Information Protection Act* and *Freedom of Information and Protection of Privacy Act of British Columbia* and those of other jurisdictions as may be relevant from time to time. Information about members of EfM is not sold, rented, or given to other groups. Information is stored in a secure manner within the offices of EfM Canada and the Diocese of Kootenay.