



# Equilibrium School

707 14 Street NW  
Calgary AB T2N 2A4  
403-283-1111  
school@equilibrium.ab.ca

## SLAVA PROGRAM - REGISTRATION FORM

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### PERSONAL INFORMATION PLEASE PRINT CLEARLY USING CAPITAL LETTERS

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Male  Female Date of Birth (yyyy/mm/dd): \_\_\_\_\_

### ADDRESS

Street Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### IMMIGRATION STATUS

Country of Origin: \_\_\_\_\_  I have a valid CUAET Visa

Date of Arrival in Alberta (yyyy/mm/dd): \_\_\_\_\_ Date of Arrival in Canada (yyyy/mm/dd): \_\_\_\_\_

### TIME PREFERENCE

Specialized Language Acquisition for Vocational  
Achievement (**SLAVA**) in Alberta

In-person - Mondays – Thursdays 9:00 am – 12:00 pm

Online classes via Zoom - Mondays – Thursdays 5:30 pm – 8:00 pm and Fridays 5:30 pm – 7:30 pm

### EDUCATIONAL HISTORY

Highest Level of Education Completed: \_\_\_\_\_

Name of Educational Institution: \_\_\_\_\_

Year of Completion: \_\_\_\_\_

## EMPLOYMENT HISTORY

Current Employment Status:

Employed

Unemployed

Self-Employed

Occupation:

Current Employer (if applicable):

Number of Years in Current Occupation:

Previous Employment History (if applicable)

## PROOF OF COMPLETION OF LINC (OR OTHER PROOF OF ENGLISH LANGUAGE SKILLS OF CLB 3):

Yes, I have completed LINC

No, I have alternative proof of English language skills (please provide details below)

**Alternative Proof of English Language Skills:**

## MOTIVATION /REASONS FOR TAKING SLAVA:

Please provide a brief description of why you are interested in participating in the SLAVA program and what you hope to achieve.

## DECLARATION

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application and result in the withdrawal by Equilibrium School of an offered seat at any time during my enrolment.

Applicant's Name (please print):

Applicant's Signature:

Date: