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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT INFORMATION** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Full Legal Name (and Usual First Name, if applicable)** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Mailing Address** | | | | | | | | | | | | | |
|  | | |  |  | | | | | | | | | |
| **Telephone Number** | | |  | **Email Address** | | | | | | | | | |
|  | | |  |  | | | | | | | | | |
| **Date of Birth** | | |  | **StudentAid BC Application Number (if applicable)** | | | | | | | | | |
| **Have you already received a full or partial tuition refund?** | | | | | | | | Yes No | | | | | |
| **If yes, what was the amount of the tuition refund?** | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | |
| **CURRENT STUDENT STATUS** | | | | | | | | | | | | | |
| **Attending the program** | | | | | **Completed the program** | | | | | | | | |
| Completion Date: | | | | | |  | | |
| **Withdrawn from the program** | | | | | **Dismissed from the program** | | | | | | | | |
| Withdrawal Date: |  | | | | Dismissal Date: | | | | |  | | | |
|  | |  | | |  | | | | |  | | | |
| **INSTITUTION AND PROGRAM INFORMATION** | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | |
| **Name** | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | |
| **Location** | | | | | | | | | | |  | | |
|  | | |  |  | | | | | | | | | |
| **City** | | |  | **Province** | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Program of Study** | | | | | | | | | | | | | |
|  | | |  |  | | | | | | | | | |
| **Program Start Date (as listed on contract)** | | |  | **Program End Date (as listed on contract)** | | | | | | | | | |
| **If applicable, provide the name and location of the train-out institution:**   |  |  |  | | --- | --- | --- | |  |  |  | | **Train-out Institution Name** |  | **Train-out Institution Location** | | | | | | | | | | | | | | |
| **INFORMATION ABOUT YOUR CLAIM** | | | | | | | | | | | | |
| 1. Claims must be filed within one year after the institution you were attending closed. Are you filing this claim within one year of the closure? | | | | | | | | | | | | Yes No |
| 1. When filing a claim, students must provide, a copy of their student enrolment contract and evidence that they, or someone on their behalf, paid tuition to the institution. Have you included these records with your claim? | | | | | | | | | | | | Yes No |
| **If you answered “no” to any of the above questions, your claim may not be accepted.** | | | | | | | | | | | | |
| **CONFIDENTIALITY STATEMENT** | | | | | | | | | | | | |
| Documents and information related to this claim, its investigation and/or resolution will be treated in confidence and will not be disclosed to any person not involved in the matter unless disclosure is necessary for the processing and investigation of this claim. The Private Training Institutions Branch is subject to the provisions of the Freedom of Information and Protection of Privacy Act.  Your personal information is collected by the Ministry of Advanced Education, Skills and Training under the authority of sections 26(a), (c) and (e) of the *Freedom of Information and Protection of Privacy Act (*FOIPPA) and sections 61(1) and (2) of the *Private Training Act* (PTA) to carry out the registrar’s responsibilities under the Private Training Act.  Should you have any questions about the collection, disclosure and use of this personal information you may contact: Director, Regulation, Private Training Institutions Branch, Governance, Legislation and Strategic Policy Division, Ministry of Advanced Education, Skills and Training 203 - 1155 W. Pender St, Vancouver, BC V6E 2P4 (604 569-0019). | | | | | | | | | | | | |
| **DECLARATION** | | | | | | | | | | | | |
| By signing this document, the Claimant confirm(s) that:   * I understand that it is an offence under section 42(1) of the *Private Training Act* to give false or misleading information to the Ministry. * The information contained in this form and in all of the attachments is true and accurate to the best of my knowledge. * I understand that a copy of this claim, including all attachments, will be sent to the institution against whom the claim is made. | | | | | | | | | | | | |
|  | | | | | | |  | |  | | | |
| Student Signature | | | | | | |  | | Date Signed | | | |

**Complete claim form and supporting documents must be sent to**

[**PTI.institutionclosure@gov.bc.ca**](mailto:PTI.institutionclosure@gov.bc.ca) **or**

**203 – 1155 West Pender Street, Vancouver BC V6E 2P4**