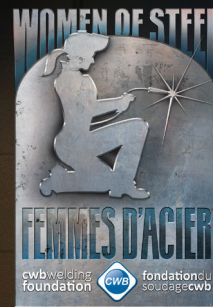




cwbfoundation
fondationcwb



ARE YOU INTERESTED IN LEARNING ABOUT WELDING & METAL FABRICATION?

The **WeldHER+ Workshop** offers comprehensive, tuition-free, 45-hour hands-on training in welding and joining. Participants will develop technical skills, earn online micro-credentials, enhance employability, and become eligible for job placements.

With the opportunity to earn up to two CWB welding qualifications across various positions with SMAW processes, participants will be well-prepared for apprenticeships, postsecondary education, and immediate employment opportunities.

WeldHER+ is part of the CWB Foundation's Women of Steel™ initiative, supporting women as they explore rewarding opportunities in welding and the skilled trades.

DATES:

March 1 – 2, 8 – 9, 15 – 16, 22 – 23, 2025
Saturdays & Sundays
9:00 a.m. – 3:00 p.m.
Schedule may change

LOCATION:

College of the North Atlantic
Placentia Campus
1 Roosevelt Ave.
Placentia, NL A0B 2Y0

Sign up today!

Email: chris.moss@cna.nl.ca

Tel.: 709-227-6262

www.cna.nl.ca/programs/courses



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Funded in part by the Government of
Canada's Canadian Apprenticeship
Strategy





APPLICATION FOR ADMISSION

PROCEDURE FOR APPLYING TO COLLEGE PROGRAMS

THE APPLICANT MUST SUBMIT:

- 1. Fully completed application form.
- 2. Official high school transcript or high school equivalency marks (post-secondary transcript for post-diploma programs):
 - If you are presently in Level III of High School and will be writing exams in June, the College will obtain a copy of your high school marks directly from the Department of Education once final marks are available, provided you enter your MCP number on your application
- 3. A non-refundable application processing fee (\$30 Canadian citizens, \$100 International applicants) must accompany the completed application.
 - Application fee is required for all College programs EXCEPT individualized courses through Distributed Learning or Continuous Learning courses
 - Cheques or money orders must be made payable to College of the North Atlantic

NOTE: Some programs require additional supporting documentation. Refer to the College Calendar for specific requirements related to your program of choice. Application is complete when ALL documentation is received.

APPLICATION FORM SHOULD BE MAILED TO THE CAMPUS WHERE THE PROGRAM IS OFFERED.

REFER TO THE COLLEGE CALENDAR OR WEBSITE (www.cna.nl.ca)

FOR PROGRAMS OFFERED AT EACH CAMPUS.

☐ Baie Verte Campus 1 Terra Nova Road Baie Verte, NL Canada A0K 1B0 Telephone: (709) 532 8066 Fax: (709) 532 4624	☐ Clarenville, Bonavista and Distributed Learning Campuses 69 Pleasant Street Clarenville, NL Canada A5A 1V9 Telephone: (709) 466 6901 Fax: (709) 466 2771	☐ Happy Valley-Goose Bay and Labrador West Campuses P.O. Box 1720 Stn 'B' Happy Valley – Goose Bay, NL Canada A0P 1E0 Telephone: (709) 896 6300 Fax: (709) 896 3733
☐ Bay St. George and Port aux Basques Campuses P.O. Box 5400 Stephenville, NL Canada A2N 2Z6 Telephone: (709) 643 7838 Fax: (709) 643 7734	☐ Corner Brook and St. Anthony Campuses P.O. Box 822 Corner Brook, NL Canada A2H 6H6 Telephone: (709) 637 8530 Fax: (709) 634 2126	☐ Prince Philip Drive Campus P.O. Box 1693 St. John's, NL Canada A1C 5P7 Telephone: (709) 758 7284 Fax: (709) 758 7304
☐ Burin Campus P.O. Box 370 Burin Bay Arm, NL Canada A0E 1G0 Telephone: (709) 891 5600 Fax: (709) 891 2812 Toll Free: 1 800 838 0976	☐ Grand Falls-Windsor Campus 5 Cromer Avenue Grand Falls – Windsor, NL Canada A2A 1X3 Telephone: (709) 292 5600 Fax: (709) 489 5765	☐ Ridge Road Campus P.O. Box 1150 St. John's, NL Canada A1C 6L8 Telephone: (709) 758 7000 Fax: (709) 758 7059
☒ Carbonear and Placentia Campuses 4 Pike's Lane Carbonear, NL Canada A1Y 1A7 Telephone: (709) 596 6139 Fax: (709) 596 2688	☐ Gander Campus P.O. Box 395 Gander, NL Canada A1V 1W8 Telephone: (709) 651 4800 Fax: (709) 651 4854	☐ Seal Cove Campus 1670 Conception Bay Highway P.O. Box 19003 Conception Bay South, NL Canada A1X 5C7 Telephone: (709) 744 2047 Fax: (709) 744 3929

PRIVACY NOTICE

College of the North Atlantic (CNA) is collecting your personal information under the authority of the College Act, 1996, and the Access to Information and Protection of Privacy (ATIPP) Act, 2015. Your personal information is being collected for the purpose of assigning or validating your CNA student identification number; processing your application; verifying your qualifications and determining eligibility for admission, administering student records, scholarships and awards; documenting your progress in your academic program; providing student and alumni services; institutional research and planning. This information and any information generated about you during the course of your studies at CNA will be used by college employees to complete their work in relation to your studies. It may be shared with the following: academic and administrative units of the College in accordance with the policies and procedures of CNA; the Government of Newfoundland and Labrador or the Government of Canada as required by law for reporting purposes; donors (or their representatives) of scholarships, awards and bursaries administered by the College; high school and post-secondary institutions as required for new and transfer applications; student health insurance providers as necessary. Your personal information is protected from unauthorized collection, access, use and disclosure in accordance with the ATIPP Act, 2015. It can be reviewed or corrected upon request. If you would like to further discuss how CNA collects and uses your personal information, please contact the College's Registrar at College of the North Atlantic – Headquarters, 432 Massachusetts Drive, P.O. Box 5400, Stephenville, Newfoundland and Labrador, Canada, A2N 2Z6, telephone (709) 643 0827, or e-mail registrar@cna.nl.ca.

STUDENT DECLARATION

In submitting this information, I declare that the information in this application is correct and complete. I understand that any applicant who submits documents or forms that are falsified or fraudulent, and/or who does not fully and accurately disclose the requisite information as set forth herein or in related documents, may be denied admission to College of the North Atlantic (CNA) and if it occurs or is discovered after admission, may be expelled from the College. I further acknowledge my understanding that applicants are obligated to include attendance, past attendance and enrollment at other post-secondary institutions on the application. I understand that information on falsified documents or fraudulent admission may be shared with the Association of Registrars of the Universities and Colleges of Canada and I hereby consent to same. In submitting this application, I agree to be bound by the policies, rules and regulations set forth by College of the North Atlantic.

Please indicate Student ID Number if you previously attended CNA or one of the previous colleges

APPLICANT – PERSONAL INFORMATION			
First Name:		Middle Name:	Last Name:
Previous Last Name:		Date of Birth:	mm dd yy
MCP Number #: <i>(Mandatory for all NL High School students)</i>		SIN: <i>(Mandatory for Canadian students in accordance with the regulations of the Income Tax Act)</i>	
Gender:		Marital Status:	
Home Address: P.O. Box (if applicable)		Phone: (home)	
City:		Prov:	Postal Code:
Mailing Address: <i>(if different from home)</i> P.O. Box (if applicable)		Phone: (cell)	
City:		Prov:	Postal Code:
E-mail: <i>(must be the applicant's e-mail)</i>			
The following information could help CNA to improve student services and program offerings. Are you an indigenous person? ☐ Yes ☒ No ☐ Prefer not to say If you have membership with an indigenous organization, please let us know which one (for example, Sheshatshiu Innu First Nation, Qalipu First Nation, etc.):			

APPLICATION FOR PROGRAM		
Program for which you are applying:	☐ Day ☐ Evening ☐ Distributed Learning	☐ Full-Time ☐ Part-Time ☐ Blended Delivery (On Campus & DL)
Campus:	When are you available to start your program: Next Intake OR Year/Month	
Are you applying for Advanced Standing in this program? ☐ Yes ☐ No <i>(If yes, ensure appropriate documents are submitted)</i>		
If applying for a program that requires a driver licence, please indicate if you have a valid driver licence below: Driver Licence: ☐ Yes ☐ No Date Received: Class:		
If applying for individual courses as a part-time student, please indicate the courses below:		
	☐ Day	☐ Evening
	☐ Day	☐ Evening
	☐ Day	☐ Evening

PREVIOUS EDUCATION				
Have you ever attended a college or university? ☐ Yes ☐ No If yes, please list the program, institution, location, highest level achieved, and date last attended.				
Program	Institution	Prov.	Highest Level Attained	Date

Are you in High School now? ☐ No, date last attended Last Grade Completed:
☐ Yes, anticipated date of graduation Name of High School

SPECIAL REQUIREMENTS	
CNA supports students with disabilities. Are you an applicant with a documented disability? ☐ Yes ☐ No	
Do you wish to be contacted by CNA Accessibility Services? ☐ Yes ☐ No	

OUT OF PROVINCE/INTERNATIONAL APPLICANTS	
Out of Province Applicant: ☐ Yes ☐ No	International Applicant: ☐ Yes ☐ No
Health Care ID #:	Country of Citizenship:
	Status in Canada: ☐ Landed Immigrant ☐ Student Visa ☐ Work Visa
Is English your first language? ☐ Yes ☐ No If no, what is your first language?	
TOEFL - Paper Based Score:	OR Internet Based Score:
IELTS Overall Band Score:	MELAB Score: CAEL Score: Date Written:

I hereby authorize the College to have access to my academic record from the Department of Education, or any other educational institution. I declare that I have completed this application accurately to the best of my knowledge and belief.

Signature of Applicant Date