



Canadian All Care College

Health, Business and Technology

Email: admin@canadianallcare.com

Web: www.canadianallcare.com

240 Alton Towers Circle, Suite 302, Scarborough, ON M1V3Z3 Canada Tel. (416) 292 6050 Fax. (437) 880 7686

PERSONAL INFORMATION

Gender: Male / Female Date of Birth (Month / Day / Year) _____ / _____ / _____

Last Name First Name Full Name in Mother Language

Country of Residence Nationality Passport Number (if applicable)

ENGLISH PROFICIENCY

SPEAKING: Beginner level Intermediate level Advance level
READING: Beginner level Intermediate level Advance level
WRITING: Beginner level Intermediate level Advance level

PERMANENT ADDRESS IN HOME COUNTRY

Street Name and Apartment Number (if applicable)

City Province / State & Country Postal Code

Home Telephone Number Fax Number Email Address

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

Street Name and Apartment Number (if applicable)

City Province / State & Country Postal Code

Home Telephone Number Fax Number Email Address

EMERGENCY CONTACT

Last Name First Name Relationship to You Language Spoken

Street Name and Apartment Number (if applicable)

City Province / State & Country Postal Code

Home Telephone Number Alternative Telephone Number Email Address



Canadian All Care College

Health, Business and Technology

Email: admin@canadianallcare.com

Web: www.canadianallcare.com

240 Alton Towers Circle, Suite 302, Scarborough, ON M1V3Z3 Canada Tel. (416) 292 6050 Fax. (437) 880 7686

HOW DID YOU KNOW ABOUT CANADIAN ALL CARE COLLEGE?

- Agent College Website Internet
 Newspaper Relative / Friend Other _____

If you were referred by an Agent, please specify the name: _____

PROGRAM SELECTION		
PROGRAM PRIORITY	PROGRAM TITLE	START DATE (MONTH/ DAY/ YEAR)
1 ST CHOICE		
2 ND CHOICE		
3 RD CHOICE		

PAYMENT INFORMATION

Application Fee: CAD \$500.00 (non-refundable)

To make a payment, please contact the Admission Representative at your campus of choice listed below. Application will not be processed until payment is received.

SELECT THE LOCATION YOU WOULD LIKE TO ATTEND:	
<input type="checkbox"/> TORONTO CAMPUS 4630 DUFFERIN STREET, SUITE 305 TORONTO, ON M3H 5S4 TEL: (416) 661-0888 FAX: (416) 661-8808 EMAIL: info@canadianallcare.com	<input type="checkbox"/> SCARBOROUGH CAMPUS 240 ALTON TOWERS CIRCLE, SUITE 302 SCARBOROUGH, ON M1V 3Z3 TEL: (416) 292-6050 FAX: (437)-880-7686 EMAIL: admin@canadianallcare.com

REFUND POLICY

1. International Student Application Fee

All new international students admitted to Canadian All Care College, are required to pay a one-time CAD \$500 Application Fee. This fee is not refundable under any circumstances. And cannot be waived.

2. Cancellation After Acceptance Letter Has Been Issued

If you find it necessary to withdraw from Canadian All Care College after receiving the official Letter of Acceptance, no refund will be given for the CAD \$500 Application Fee paid prior to applying for the visa.

3. Cancellation After Obtaining Study Permit (Visa)

If you decided to cancel your enrolment at Canadian All Care College after obtaining Study Permit (Visa), no refund will be given for the CAD \$500 Application Fee, Enrolment cancellation information will be provided to the Canadian Immigration Authorities.



Canadian All Care College

Health, Business and Technology

Email: admin@canadianallcare.com

Web: www.canadianallcare.com

240 Alton Towers Circle, Suite 302, Scarborough, ON M1V3Z3 Canada Tel. (416) 292 6050 Fax. (437) 880 7686

4. If Your Study Permit (Visa) Is Denied

If your Study Permit (Visa) is denied, you must provide a written notice along with a copy of the official visa refusal letter issued by IRCC (Immigration, Refugees and Citizenship Canada). As the college does not collect tuition fees in advance, no tuition refund applies. The \$500 CAD application fee is non-refundable

5. Withdrawal Before Program Start

If you withdraw in writing before the program begins, you are entitled to a full refund of tuition fees paid, minus the non-refundable \$500 CAD application fee.

6. Withdrawal After Program Start

If a student withdraws after the start of the program, the college will refund tuition on a pro-rated basis, calculated according to the portion of instruction delivered. Refunds will comply with the standards of the Ontario Career Colleges Act, 2005.

7. Receiving Refund

If you are eligible for a refund under the conditions above, you will receive the refund within 30 days of receipt of written letter of cancellation from you. All refunds will be provided in the same format as the original payment (e.g. a refund for Credit Card payment will be credited back onto your Credit Card).

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 Canadian All Care College of an offered seat at any time during my enrolment.

Applicant's Name: _____
(Please Print Full Name)

Applicant's Signature: _____ Date: _____
(Month/Day/Year)