



#102-7562 Progress Way
Delta, BC, V4M 3A4
604-868-6840

e-mail: info@ampercottle.com

PROGRAM APPLICATION: Dog Behavior and Training Courses

NAME OF STUDENT _____

ADDRESS _____

CITY _____ PROV _____ POSTAL CODE _____

TELEPHONE _____ FAX _____

EMAIL _____

COURSES YOU ARE APPLYING FOR:

_____ Dog Behaviour and Training Level 1: \$4000.00 (Tuition) + \$140.00 (Admin Fee)

_____ Canine Behavior Specialist Level 2: \$3575.00 (Tuition) + \$140.00 (Admin Fee)

PROGRAM START DATE (see class schedule) _____ END DATE _____ YEAR _____

PREREQUISITES: 19 Years of age, good understanding of english, ability to perform practical exercises as required.

PLEASE NOTE: Students whose English is not their first language will be required to have a phone interview with the Senior Educational Administrator to determine english language proficiency as outlined in the Dog Training Course Student Handbook.

Please answer the following questions as thoroughly as possible to be considered for acceptance into the academy. (Please use a separate sheet of paper for your answers)

- 1) Please give a brief description of your training interests and goals.
- 2) Please list your previous dog or animal training experience. (Clients, personal dog, neighbor's dog, volunteer work)
- 3) Do you presently own a dog? If so, what age and breed?
- 4) Have you attended any other training programs? If yes, give a description along with dates, certificates and credits earned if any.
- 5) Have you attended any dog training or behavior seminars? If yes, please give the name of the seminar, trainer, dates and any credits or certificates earned.
- 6) Have you done any self-study? Please provide a list of dog training books, DVD's or videos.
- 7) Please tell us how you heard about the course or Academy.

Refund policy is stated on next page.

e-mail application to: amber@ampercottle.com

March 2020

Refund Policy

Tuition refund compliance standards — withdrawal and dismissal from approved and non-approved programs of instruction

32 (1) If a certified institution receives a notice of withdrawal from a student more than 7 days after the effective contract date and at least 30 days before the start date referred to in section 24 (4) (d), the institution may retain up to 10% of the tuition due under the student enrolment contract, up to a maximum of \$1 000.

(2) If a certified institution receives a notice of withdrawal from a student more than 7 days after the effective contract date and less than 30 days before the start date referred to in section 24 (4) (d), the institution may retain up to 20% of the tuition due under the student enrolment contract, up to a maximum of \$1 300.

(3) If a certified institution receives a notice of withdrawal from a student

(a) after the start date referred to in section 24 (4) (d) and up to and including the date on which 10% of the hours of instruction, referred to in section 24 (4) (c), of the program of instruction have been provided, the institution may retain up to 30% of the tuition due under the student enrolment contract, or

(b) after the start date on which more than 10% but before the date on which 30% of the hours of instruction, referred to in section 24 (4) (c), of the program of instruction have been provided, the institution may retain up to 50% of the tuition due under the student enrolment contract.

(c) after the start date on which more than 30% of the hours of instruction, referred to in section 24 (4) (c), of the program of instruction have been provided, the institution may retain up to 100% of the tuition due under the student enrolment contract.

The refund policy as outlined in Section 32 of the PTA Bylaws applies to this contract.

*Please note: The academy teaches a licensed program which **prohibits** graduate students of this academy to advertise, solicit, or conduct private or group obedience or behaviour training classes **within the Municipality of Delta, British Columbia, Canada**. The academy also reserves the right to not accept an application.*

By signing below I agree to the terms as stated above and authorize the academy to contact my references.

Student Name _____ Date _____

Student Signature _____