

Carleton University, University Safety - Affiliate Application Form

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information please contact Brian Billings, Director of University Safety, 203 Robertson Hall, (613) 520-2600 ext 8534. Carleton University is fully compliant with FIPPA and endeavors at all times to treat your personal information in accordance with this law.

Step 1: Enter the affiliate's current general person information below. All fields are required, with the exception of nicknames and the email address.

PLEASE PRINT CLEARLY, USING BLOCK LETTERS.

| | | | |
|------------------------------|---|-------------------|--------------------|
| Last Name: | | | |
| First Name: | | | |
| Middle Name: | | | |
| Nicknames, if any: | | | |
| Birth Date: | Day(DD): _____ | Month(MON): _____ | Year(YYYY): _____ |
| Gender: | Male <input type="radio"/> Female <input type="radio"/> | | |
| Address line 1: | | | |
| Address line 2: | | | |
| Address line 3: | | | |
| City: | | Prov: | PostalCode: |
| Telephone: | Area Code: _____ | Number: _____ | Ext: _____ |
| Email (if available): | | | |

Step 2: If the affiliate was a student, employee, etcetera at Carleton University in the past, please provide the information below. This information is needed to determine if the person is already in the Carleton University database.

| Role | When (approximate) | Last Name (if different from Step 1) | First Name (if different from Step 1) | ID number (if known) |
|------|--------------------|--------------------------------------|---------------------------------------|----------------------|
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Step 3: To be completed by the sponsor. The affiliation period cannot exceed one year.

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|--------------------------------------|---|-------------------|-------------------|
| Affiliation Type: | General, with campus card <input type="radio"/> Athletics <input type="radio"/> General, no campus card <input type="radio"/> | | |
| Affiliation Effective Date: | Day(DD): _____ | Month(MON): _____ | Year(YYYY): _____ |
| Affiliation Expiry Date: | Day(DD): _____ | Month(MON): _____ | Year(YYYY): _____ |
| Affiliate Sponsor Department: | | Subgroup: | |

Affiliate signature: _____ **Date:** _____

Sponsor Name: _____

Sponsor signature: _____ **Date:** _____

Data Entry Office Use Only

Affiliate Banner ID: _____

Updated By: _____ **Updated Date:** _____