

**NSCC Cumberland Campus  
Early Childhood Development Support Centre  
Professional Development Opportunity**

**Leadership/Mentorship Development Program  
Registration Form**

For a full description of each module see the Leadership/Mentorship brochure

**Please check off the course(s) you are registering for:**

<b>Mandatory Modules</b>
<input type="checkbox"/> Understanding Self (Register by September 10)
<input type="checkbox"/> Understanding Others (Register by October 22)
<input type="checkbox"/> Transitioning from Manager to Leader (Register by November 19)

<b>Elective Modules (choose the 3 you are most interested in)</b>	
<input type="checkbox"/> Grant Proposal Writing	<input type="checkbox"/> Values and Ethics
<input type="checkbox"/> The Workplace: Enhancing the Quality of Work Life	<input type="checkbox"/> Mentorship
<input type="checkbox"/> Helping Others to Work Collaboratively	<input type="checkbox"/> Computer 101
<input type="checkbox"/> Dealing with Problems and Conflict	<input type="checkbox"/> The Learning Manager
<input type="checkbox"/> Wellness Planning	<input type="checkbox"/> Non-Violent Crisis Intervention

You may register for the whole program by choosing your 3 electives for a cost of \$360.00 (any text book will be an additional cost)

OR

You may register for each individual course for a cost of \$60.00 each before the required deadline (any text book will be an additional cost)

**\*Pre-registration does not guarantee acceptance into the course/program**

**Please print**

Surname	Previous Surname	Given Name	Middle Name

Social Insurance Number	<b><i>D.O.B or S.I.N. number is required</i></b> Date of Birth (D/M/Y)

<b>Mailing Address</b>	
Street/RR # _____	Phone Home: (    ) _____
City/Community _____	Phone Work: (    ) _____
Province _____ Postal Code _____	Email address: _____

Person to be contacted in case of emergency: _____	Relationship: _____
Address: _____	Phone: _____

**Company/organization name, if applicable:** \_\_\_\_\_

**Method of Payment**

**Cheque**  Name on Cheque \_\_\_\_\_

**Visa**  Name on Visa and Visa#/expiry date \_\_\_\_\_

**Mastercard**  Name on Mastercard and Mastercard#/exp date \_\_\_\_\_

**Cash**  Amount \_\_\_\_\_ ( PAYABLE AT CAMPUS ONLY)

**\* Please note: any individual owing monies to the Nova Scotia Community College will not be accepted into any program/course until all monies owing are paid in full**

Please return completed forms with payment to: **Katrina George**  
NSCC Cumberland Campus  
P.O. Box 550, 1 Main Street  
Springhill, NS B0M 1X0  
Phone: (902) 597- 4406 Fax: (902) 597- 4407