TAMWOOD CAREERS

Application Form

Programs

Student Information

Last Name*: _____ Middle Name*: _____ First Name*: _____

*As it appears on passport *As it appears on passport *As it appears on passport

Date of Birth: ____ / ____ / ____ Gender: ○ Male ○ Female ○ Other: _____

YYYY / MM / DD

Home Country Address: _____

City/Province: _____ Postal Code: _____

Country: _____ First Language: _____

Email: _____ Overseas Telephone: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Status in Canada: ○ Domestic ○ International

Are you currently in Canada?* ○ Yes ○ No Canadian Phone: _____

Canadian Address: _____

City/Province: _____ Postal Code: _____

* Even if you are currently in Canada, please provide your overseas address and telephone number in the above section.

Will you be 18 years of age or older on or before the program commencement? ○ Yes ○ No

Full-Time Program Information

Program & Length	2026 start dates	2027 start dates
○ **International Business & Management** (1 Year)	○ Aug 31	○ Feb 08
○ **International Business & Management** (7 Months)		○ Aug 23

Part-Time Program Information (Microcredentials)

Program	2026 start dates	2027 start dates
○ **International Business**	○ Aug 31	○ Feb 8
		○ Aug 23

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Agent Information (if applicable)

Agency: _____ Contact Person: _____

Agent Email: _____

Additional Services

Will you require accommodation?

- ○ Yes
- ○ No
- ○ Will decide later

Would you like to purchase a Concierge Health Care Membership? ○ Yes ○ No

Length of Membership: _____

Accommodation type

- ○ Homestay (2 meals a day)
- ○ Homestay (3 meals a day)
- ○ Roomstay (no meals)
- ○ Residence (on request):

Specify type of residence / shared house: _____

Length of Stay

_____ weeks

Arrival Date: _____ / _____ / _____
YYYY / MM / DD

Airport Pick-up: ○ Yes ○ No

Tamwood Essential Health Care is included for the duration of your course (from arrival date in Canada). Concierge Health Care Membership starts on date of departure. Insurance benefits are provided by guard.me International Insurance and underwritten by Old Republic Insurance Company of Canada.

Cancellation and late notice handling fees: If a guest needs to cancel their stay BEFORE the check-in date, please advise Tamwood in writing as soon as possible. The timing of when Tamwood receives the written notice determines if/what penalties may occur. *Accommodation placement fee is non-refundable once placement letter has been issued. New placement might be applied if requested late extension (less than two weeks).
For more, read our homestay & residence policies.

Do you have medical issues we should we aware of? ○ Yes ○ No If yes, please explain: _____

Do you have any allergies? ○ Yes ○ No if yes, please explain: _____

Do you have food restrictions? ○ Yes ○ No If yes, please explain: _____

Do you smoke? ○ Yes ○ No

Do you plan to continue your studies at a public University or College in Canada after finishing your program with Tamwood? ○ Yes ○ No ○ Will decide later

Applicant Signature: _____ Date: _____ / _____ / _____
YYYY / MM / DD

☐ This document is important. In accepting it, you are confirming you understand and agree to all English content contained in this document.
I have read and understand all of Tamwood policies & procedures including the Tuition Refund Policy and the Dispute Resolution Policy. I hereby certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my registration may invalidate my registration. If purchasing the insurance directly from Tamwood, I hereby consent to Tamwood to releasing my personal information to any third party who applied and/or paid for the services on my behalf. Private information includes, without limitation, full name, date of birth, country of origin, gender, insurance plan type, policy number, policy group, policy ID number, the effective and expiry date of the insurance.

Schedule "A"—Release, Waiver, and Indemnity (the "Release")

To: Tamwood. its resellers, agents, employees, indemnitors, successors, landlords, accommodation providers and suppliers (collectively, the "Releasees")

1. Assumption of Risks. I understand that the Releasees are offering me the opportunity to participate in activities (collectively, the "Activities"), such as: classroom instruction (on premises and via online delivery), accommodation with host families or in student residences, indoor and outdoor excursions, educational tours, and social events, and airport transfer (from and/or to airport), which involve risks, dangers, and hazards, including but not limited to: potential exposure to Covid-19 and/or any respiratory virus, allergic reaction, food borne illness, accidents during any of the Activities, including while during transport/travel, stress, health and medical conditions, and the negligence of participants, third parties, or the Releasees. I freely accept and fully assume all such risks, dangers, and hazards and the possibility of personal injury, death, property damage, and loss resulting therefrom.
2. Waiver and Release. In consideration of the Releasees agreeing to my participation in the Activities, I waive all claims that I have or may in future have against the Releasees and release them from any and all liability for any loss, damage, expense, or injury, including death, that I may suffer as a result of my participation in the Activities due to any cause whatsoever, including any negligence, breach of contract, or breach of a duty of care, including any failure to take reasonable steps to safeguard or protect me from the risks, dangers, and hazards of participation.
3. Miscellaneous. In executing this Release, I am not relying on any oral or written representations or statements of the Releasees other than as set forth in this document. This Release is effective and binding upon my heirs, successors, assigns, and representatives. Any matters arising from this Release will be governed by the respective provincial laws (British Columbia, or Ontario), and I irrevocably attorn to the jurisdiction of the courts of that Province in such matters.

Applicant Signature: _____ Date: _____ / _____ / _____
YYYY / MM / DD