

Canadian TCSL Association



APPLICATION FORM

1. Name: _____ (Exactly as on Passport)

2. Chinese Name if any _____

3. Sex: ___ Male ___ Female ___ Others _____

4. Current Address:

5. Email Address _____

6. Telephone Numbers: Home _____ Cell _____

7. Date of Birth _____ DD / MM / YYYY

8. Nationality: _____ 9. Native language: _____

10. Passport Number: _____

11. Passport Expiry Date: _____

(Note that your passport must be valid at least up to
November 2026)

12. Chinese competency level:

What is the highest Chinese language course you
have taken? _____

Please describe some tasks you can complete in
Mandarin (e.g. order food,
describe your day, watch and understand Chinese
movies, introduce a movie etc.)

13. Level of education completed:

- () College or University, () year
() Postgraduate studies

14. School

15. Do you smoke? ____ Yes ____ No

16. Please state the name of your preferred roommate, or your
preference for roommate (e.g. non-smoker, from the same/a
different school etc.)

16. Any special request or condition that the organizer should be aware of? (e.g.medical condition, allergies, diet etc.)

17. Person(s) to contact in Canada in case of an emergency:

Name(s) _____ Relationship _____

_____ Relationship _____

Phone number(s):

18. Optional:

_____ If a single room becomes available, I would like to have the single room for an additional fee (to be determined).

Information provided in this application form is true to the best of my knowledge.

SIGNATURE_____

DATE: _____

Please scan and send application in **PDF** by email attachment to:

Programs@canadiantcslassociation.ca

NO cell phone photos please. You can turn a photo into a PDF with SEJDA:

<https://www.sejda.com/>