



## Personal Information Form - Student Employees

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Last name:

First name:

Middle name (if applicable):

Date of Birth:

Social Insurance Number (SIN):

Citizenship:

Level of study (select one):      Undergraduate      Master's      PhD

## Contact Information

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Email address:

Phone number:

## UBC Specific Information

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Student ID (if UBC student):

Employee ID (if current or former UBC employee):

→ *If you are currently employed by UBC, check here*

CWL username (if applicable):

## Attachments

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Study/work permit (if SIN starts with a 9)

Criminal Record Check Consent Form (if work location is at BC Women's Hospital)

→ Complete Section 2 on Page 1 & Sections 1, 3, & 5 on Page 2