

## **Faculty of Medicine**

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## Personal Information Form - Student Employees

Last name:				
First name:				
Middle name (if applicable):				
Date of Birth:				
Social Insurance Number (SIN	N):			
Citizenship:				
Level of study (select one):	Undergraduate	Master's	PhD	
Contact Information				
Email address:				
Phone number:				
UBC Specific Information				
Student ID (if UBC student):				
Employee ID (if current or former UBC employee):				
$\rightarrow$ If you are currently employed by UBC, check here				
CWL username (if applicable):				
Attachments				

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