



New Program Application

Contractors offer many specialty programs for the public through Sunshine Coast Regional District. If you are interested in proposing a new course, complete a New Program Application Form and follow up with the relevant Program Coordinator via phone or email.

Contact information – If you are filling out more than 1 form, you only need to fill in your full name for the rest of the forms.		
First and Last Name:		
Email (please print):		
Street Address + postal code:		
Home Phone:		
Work Phone:		
Cell Phone:		
Qualifications and History - If you are filling out more than 1 form, or already teach for us, you only need to complete this on the first form.		
Qualifications and experience (list all relevant qualifications and certifications useful for instructing your specific program (include expiry dates):		
Briefly describe the background of your organization/or program. Indicate if this is a first time program, briefly tell us why you feel you are qualified to teach:		
Reference 1 Name +Phone #:		
Reference 2 Name + Phone#:		

Please turn over

Office use only	Date received:	Coordinator:
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Program information			
Program Area: <input type="checkbox"/> Aquatics <input type="checkbox"/> Health and Wellness <input type="checkbox"/> Arena <input type="checkbox"/> Arts/Culture <input type="checkbox"/> General Recreation			
Age: <input type="checkbox"/> Preschool (0-5) <input type="checkbox"/> Child (6-12) <input type="checkbox"/> Youth (13-18) <input type="checkbox"/> Adult (19+) <input type="checkbox"/> Older adult (60+) <input type="checkbox"/> Family			
Facility:		Room:	
Program Title:			
Program description (limit 50 words, sell your program):			
<input type="checkbox"/> Included in MYPass (limited) <input type="checkbox"/> Registration Only <input type="checkbox"/> Registration allowing drop ins			
Day(s) of the week:			
Class start time:		Class end time:	
Session 1 start date:		Session 1 end date:	
Session 2 start date:		Session 2 end date:	
Session 3 start date:		Session 3 end date:	
Skipped dates (stats):			
Minimum Age:		Maximum Age:	
Setup and take down time required?			
Please list SCRD equipment required.			
Budget			
Suggested per class or session registration fee?			
Minimum # of registrants?			
Maximum # of registrants?			
Does the program require any additional fee for supplies or training materials (ie: manual). If yes, how much?			
What do you want to be compensated for this service? (Flat rate amount, or revenue split, volunteer, etc)?			
Insurance: Do you have your own insurance coverage?			
WCB: Do you have your own WCB coverage? If so what is the number			
Other comments :			

Important note: All contractors and their employees who may work in the SCRD programs are required to provide proof of a recent criminal record check prior to the start of the program. Criminal record checks can be obtained from your local police department. Do you understand that this is required? **Please check:** ☐ Y ☐ N

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