



Page Program of the Legislative Assembly of New Brunswick

Application Form

General Information

Surname:	
Given Name:	
E-mail:	
Address:	
Telephone Number:	

Are you eligible to work in Canada?	Choose an item.
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Official language of choice:	Choose an item.
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Indicate your oral communication competence in the other official language:	Choose an item.
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Education

Name of high school:	
Location of high school:	
Name of post-secondary institution:	
Current program:	
Number of years complete:	
Estimated completion year:	

*Please note that your application to the Page Program consists of this application form, your cover letter, your resumé, and your post-secondary class schedule.
Please note that incomplete applications will be automatically rejected.*