

Health Care Assistant Application Form 08/10/16

Legal Last (Family) Name: _____ (print clearly) Legal First Name: _____
Common Name: _____

Street Address: _____

City: _____ Postal Code: _____

Primary Phone: _____ 2nd Phone: _____

Email: (print clearly) _____

Citizenship: Canadian _____ Permanent Resident _____ Other _____

EDUCATION LEVEL

In what country did you attend secondary/high school? _____

Did you complete post-secondary education? _____

If so, what program? _____

In what country? _____ How many years? _____

What is/was your current/most recent job? _____

How did you hear about our school/program? _____

Signature: _____ **Date:** _____

If you have a **SPONSOR** who will pay the tuition fee directly, please fill in the information below.

Organization Name: _____

Organization Address _____

Name of Contact Person _____ Telephone _____

Email Address _____