

Burnaby
COMMUNITY & CONTINUING EDUCATION
Career Training for Adults

Medical Office 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 _____

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

Did you complete post-secondary education? _____ What Program? _____

In which country? _____ How many years? _____

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

(If applicable) Name/contact info of sponsor organization who will directly pay the tuition to the school?

How did you hear about our school/program? _____

Student Signature: _____ Date: _____

The space below must be filled out and initialed by a school representative.

Typing Speed and evidence: _____

English level and evidence: _____

(eg. Submitted evidence of grade 12 or higher level of education in English, or passed assessment by Burnaby School district assessor at information session, or assessed by Program Coordinator during phone or in-person interview).

Is the student eligible for admission? _____
