

## Health Care Assistant Application Form

Legal Family Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Common Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Citizenship: Canadian / Permanent Resident / Other (circle one)

What languages do you speak? \_\_\_\_\_

### Education

In what country did you complete 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: \_\_\_\_\_