

Name: _____ **Date of Birth:** _____ **Phone:** _____
(Last) (First) Month/Day/Year

Cell Phone: _____ **Email :** _____

Address: _____
No. Street Apt City Postal Code

Status: **Canadian Citizen** **Landed Immigrant (Permanent Resident)**
Refugee. Claimant **Convention. Refugee** **Other** _____

Emergency Contact: _____ **Phone:** _____

Medical Conditions: _____ **ALLERGIES:** _____

Payment by: **Ontario Works** **Leap** **E.I.** **Self**

Workers Name: _____ **Phone:** _____

Educational History: **Transcripts Attached** **Yes** **No**

Highest Grade Level Completed _____

Are you interested in obtaining your Grade 12 Diploma? **Yes** **No**

Have you taken any courses in a related field? _____

Do you have any specific learning difficulties and/or problems with the English language? _____

Work Experience: **Resume attached** **Yes** **No**

Do you work in the field? **Yes** **No**

Do you work or volunteer in a similar field? **Yes** **No**

Please complete the following:

Employer _____

Type of Work _____

Supervisor/ Phone Number _____ **How long?** _____

1. Do you feel you are capable of meeting the physical demands of this program?

(bending, lifting)

Yes **No** **Not Sure**

2. Do you feel you are capable of meeting the emotional demands of this programme?

(compassionate, positive, punctual, honest)

Yes **No** **Not Sure**

3. Travel to clinical placement: By car By bus Walking
4. Are you willing to provide a police clearance? Yes No
5. What personal qualities do you have that would make you a good PSW?

6. Do you have any concerns about childcare, early morning transportation to facility, family responsibilities, and/or current jobs that might interfere with your ability to complete the program?

7. What does professionalism mean to you?

8. Please describe how you deal with conflict.

The applicant student is required to sign an authorization for release of information in order for the principal to obtain information of the student from external organizations. Refusal to sign the authorization will serve to terminate the admission process.

For this purpose, I hereby give permission (Education Act S. 266 (2)) to the disclosure and transmittal of information for the use of the supervisory officers and principal of the school.

Student's Signature

Date

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, 1989

Authorization for the collection and maintenance of this information is the Education Act, R.S.O., 1990, C.e.2. Users of this information are supervisory officers and the principal and teachers of the school. This information is used for administrative and statistical purposes within the Continuing Education Department. Contact person about the collection of this information is the principal of the school.

PLEASE NOTE THAT ONLY SUCCESSFUL APPLICANTS WILL BE CONTACTED.

Applicant Signature _____ **Date** _____

Personal Support Worker Personal Information Form

Part 1

1. Describe a situation in which you helped another person. Use the following headings. Make sure to use complete sentences and please write clearly.

A) Briefly explain how you helped(What you did, why the person needed assistance, how long did you help the person)

B) Briefly explain how you felt about your role as an assistant.

2. What is your career goal?

3. What is it about the career you described in question #2 that is attractive to you?

For Office Use only:

Benchmark Assessment Attached Yes No

Police Clearance Attached Yes No

Immunization Attached Yes No

Comments:

Appointment: Date: _____

Time: _____

Acceptance Call Date: _____

Time: _____