P.O. Box 793 · Charlottetown, PE ·C1A 7L9
Tel: (902) 566-9705 · Toll Free: 1-888-328-8973 · Fax: (902) 892-2983

Paid ___

RESIDENT CARE WORKER PROGRAM TRAINING APPLICATION*

Name:		(7)
(First)	(Initial)	(Last)
SIN:	Date of Birth:	(month/day/year)
		(month/day/year)
Mailing Address:		
Telephone: ()~	Date:	
E-mail:		
H. Diane Court Dealerman	1.	
II. Educational Background		
Year(s)	Educational Institute	Documents Received
III Why are you interested	l in applying for this program?	
in. Wily are year interested	in applying for this program.	
		

IV.	Employment Background:	(Please list your two (2)	most recent employers

Employer	Position	Start Date & End Date
	do you feel that you possess	which would make you an effective
aregiver?		
T. Do you have transportation a	vailable at all times? Yes	No
		being on your feet for long periods of
ime? YesNo		
If yes, please explain:		
'III. Are you available to work al	l shifts? (ie. Days, nights, w	reekends, split shifts)
es No	· , · ,	

IX. Please provide six (6) reasons why you sho Connolly RCW program.	ould be chosen to be accepted into the Marguerite
Preferred program start date:	
□ Fall	□ Spring
SkillsPEI Funded	
I agree that all the enclosed information given true and accurate to the best of my knowledge	to Marguerite Connolly Training and Consulting is and ability.
(Applicant)	(Date)
 order to be accepted to the Resident Care Work our policy below: 1. Hair is required to be clean and worn off the and ties must be secure and professional in 2. Beards must be neatly trimmed. 3. Arm jewelry must be kept to a minimum. You watch only. 4. No scented products allowed at any time. 5. All visible body piercings must be taken out 	You are allowed to wear a medical alert bracelet and t (with the exception of small studs in the ears). clinical placement and lab scenarios (classroom). ee of nail polish
* There is a \$500 non-refundable application for Paid Yes No	ee to be paid at time of application.