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: | | | |
| | | | |
| II. Educational Background | | | |
| | | Degramenta Pagaire 1 | |
| Year(s) | Educational Institute | Documents Received | |
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| III. Why are you interested | l in applying for this program? | | |
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| IV. | Employment Background: | (Please list your two (2) | most recent employers |
|-----|------------------------|---------------------------|-----------------------|
| | | | |

| Employer | Position | Start Date & End Date |
|------------------------------------|--------------------------------|--|
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| | do you feel that you possess | which would make you an effective |
| aregiver? | | |
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| | | |
| 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: | | |
| | | |
| | | |
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| | | |
| '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 should Connolly RCW program. | d be chosen to be accepted into the Marguerite | | | |
|--|--|--|--|--|
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| Preferred program start date: | | | | |
| □Fall | □ Spring | | | |
| SkillsPEI Funded | | | | |
| I agree that all the enclosed information given to true and accurate to the best of my knowledge an | | | | |
| (Applicant) | (Date) | | | |
| MCTC students are required to adhere to Health PEI policies regarding dress and appearance. In order to be accepted to the Resident Care Worker Program you are required to agree and abide by our policy below: 1. Hair is required to be clean and worn off the collar and tied back in clinical areas. Hair clips and ties must be secure and professional in nature. 2. Beards must be neatly trimmed. 3. Arm jewelry must be kept to a minimum. You are allowed to wear a medical alert bracelet and watch only. 4. No scented products allowed at any time. 5. All visible body piercings must be taken out (with the exception of small studs in the ears). 6. All tattoos and body art must be covered in clinical placement and lab scenarios (classroom). 7. Nails must be clean, groomed, short and free of nail polish I agree to all policies | | | | |
| | | | | |

* There is a \$20 application fee to be paid at time of application. Paid \square Yes \square No