

Health Care Aide (HCA) Diploma Program- Blended Delivery

APPLICATION FORM

HOW TO APPLY

Please submit the following by the application deadline:

1. Completed Application Form
2. Required documentation. Refer to the Submission of Required Documentation section on page 2 & 3.
3. Evidence of Community Support section reviewed, completed and signed by the Health Director on page 3.

By mail, e-mail or fax to:

Program Administrator
 Saint Elizabeth Health Career College
 Long Plain First Nation
 Unit 157- 472 Madison St.
 Winnipeg, MB
 R3J 1J1
 e-mail: atyoursidefni@saintelizabeth.com
 Fax: 1-844-883-2091

PERSONAL INFORMATION (All information is required)	
Name (First Name, Middle Name, Last Name)	
Previous Last Name (if applicable)	
First Nation/Community Name	
Mailing Address (First Nation, Province, Postal Code)	
Phone Number/s and Email Address	
Date of Birth (mm/dd/yyyy)	

EDUCATIONAL AND WORK EXPERIENCE BACKGROUND	
<p>1. Did you graduate from a Grade 12 Secondary School Diploma or equivalent, or a General Educational Development (GED) certificate?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If yes, what school and program did you graduate from and date you graduated?</p> <p>*If no, please note, you have the option to apply as a Mature Student (Be 19 years of age or older and attain a passing score on the College Entrance Test).</p>
<p>2. Are you a Mature Student?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If yes, you will be required to take a College Entrance Test.</p>
<p>3. Are you currently employed as a Health Care Aide (HCA)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If yes, how long have you been employed as a HCA?</p>

SUBMISSION OF REQUIRED DOCUMENTATION

Failure to submit required documentation within the required timelines will result in your application being cancelled. You must submit the following by the application deadline.

- High School or General Educational Development (GED) - High school or GED transcripts may be submitted by you and must be originals printed on school letterhead, signed by a school official, and sealed with the school seal.
- Police Check (Clearance) of Criminal Record with Vulnerable Sector check- the record must be recent (dated within 6 months of the application deadline).
- Child Abuse Registry Check- the record must be recent (dated within 3 months of the application deadline).

- Immunization and Physical Fitness Form- completed by a licensed physician, nurse (RN) or a nurse practitioner.
- Evidence of Community Support- the Evidence of Community Support section below is to be reviewed, completed and signed by the Health Director or Home and Community Care Coordinator.

EVIDENCE OF COMMUNITY SUPPORT

(*Required and is to be completed by the Health Director or Home and Community Care Coordinator)

I have been provided with the background information on the HCA Diploma Program- Blended Delivery and I fully support the applicant in attending this training. Supports will include time to attend Virtual Gatherings (2-3 hrs a week), complete course work (3-4 hrs a week) on average. I am also confirming the community will support the applicant to attend the in-person weeks (Maximum of 8 weeks).

Name (Print): _____

Title: _____

Community Name: _____

Address: _____

Phone: _____

e-mail: _____

Signature: X _____

APPLICANT DECLARATION

PLEASE AFFIRM THE FOLLOWING BEFORE YOU SUBMIT YOUR APPLICATION.

I have read, understood, and agree to the following declaration:

- I have read and understood the program admission requirements and application instructions including the section regarding use of personal information.
- I am prepared to submit required documentation within the next 30 days.
- I understand my application will be cancelled if I fail to submit required documentation or fail to respond to College communications within the deadlines specified.
- I understand that misrepresentation, falsification of documents, or the withholding of requested information with respect to my application may result in cancellation of my application, acceptance, and registration, or dismissal from the College.
- I accept that any information on falsified documents may be shared with the Association of Registrars of the Universities and Colleges of Canada.
- I understand that the start date I am applying to may change, and that the College cannot guarantee admittance into a specific start date.

I have read, understood, and agree to the following declaration:

- I understand it is my responsibility to notify the College of changes to my personal information including my name, address, phone number, and e-mail address. Therefore, I understand College communication returned as undeliverable will result in my application being cancelled.

APPLICANT SIGNATURE

After the processing of your application, you will be sent an e-mail confirming receipt of your application.

Date: _____

Signature: X _____

ADMISSION CRITERIA

Admission Criteria for the program are as follows:

1. Complete and submit the HCA Program- Blended Delivery admission Application form.
2. Have Grade 12 Secondary School Diploma or equivalent, or a General Educational Development (GED) certificate **OR** be of Mature Student Status (Be 19 years of age or older and attain a passing score on the College English Literacy Test)
3. Successful completion of an English Literacy Test provided by the College.
4. Complete and up to date Immunization and Physical Fitness Form (to be completed by a licensed physician or nurse practitioner). Immunization for Hepatitis B is recommended: The student may not be able to complete the clinical or practicum placement unless immunization for Hepatitis B is documented.
5. All students must obtain and submit a Police Check (Clearance) of Criminal Record with Vulnerable Sector check. These checks will be accepted if dated within 6 months of the application deadline.
6. All students must obtain and submit a Child Registry Check. This check will be accepted if dated within 3 months of the application deadline.
7. Completion of the Community Letter of Support section of the Application form on pg. 3 by the community's Health Director. This section provides documentation of community support for the applicant to participate in the training and support to cover all travel related costs to attend the in-person weeks of the training in the designated location.