

## Community Health Representative (CHR) Certificate Program- Blended Delivery Application

### HOW TO APPLY

Please submit the following:

1. Completed Application form
2. Submission of documents as outlined in the Submission of Required Documentation section on page 2.

### By Mail:

**Program Administrator**  
Saint Elizabeth Health Career College  
Long Plain First Nation  
472 Madison St.  
Winnipeg, MB  
R3J 1J1

<b>PERSONAL INFORMATION</b>	
<b>Name</b> (First Name, Middle Name, Last Name)	*Previous Last Name (if applicable):
<b>First Nation/Community Name</b>	
<b>Mailing Address</b>  (First Nation, Province, Postal Code)	
<b>Phone Number/s and Email Address</b>	



<b>Date of Birth</b> (mm/dd/yyyy)	
<b>EDUCATIONAL AND WORK EXPERIENCE BACKGROUND</b>	
<b>1. Did you graduate from a Grade 12 Secondary School Diploma or equivalent, or a General Educational Development (GED) certificate?</b>  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	If yes, what training program did you graduate from and date?          *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).
<b>2. Did you graduate from a previous CHR Certificate Program?</b>  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	If yes, what was the training, who offered it and the date of graduation?
<b>3. Are you currently employed as a Community Health Representative (CHR)?</b>  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	If yes, how long have you been employed as a CHR?

## **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 within 30 days of applying.

- High School or General Educational Development (GED) - High school or GED transcripts may be submitted by you. They 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).
- Child Abuse Registry Check- the record must be recent (dated within 3 months).
- Immunization and Physical Fitness Form- completed by a licensed physician or nurse practitioner.
- Letter of Support- the Letter of Support section below is to be reviewed, completed and signed by the Health Director.

## **COMMUNITY LETTER OF SUPPORT**

**(Required and is to be completed by the Health Director)**

I have been provided with the background information on the CHR Certificate Program- Blended Delivery and I fully support the applicant in attending this training.

**Name (Print):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Community Name:** \_\_\_\_\_

**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 15 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.

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 CHR 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 Entrance 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).
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.
6. All students must obtain and submit a Child Registry Check. This check will be accepted if dated within 3 months of the application.
7. Completion of the Community Letter of Support section of the Application form by the community's Health Director. This section provides documentation of community support for the applicant to participate in the training.