



**APPLICATION FOR ENROLLMENT**

**I AM APPLYING FOR THE FOLLOWING CAMPUS (PLEASE CHECK ONE):**

**RED DEER**

**DRAYTON VALLEY**

**PERSONAL INFORMATION (PLEASE PRINT)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Can we text you? YES NO

E-mail: \_\_\_\_\_ DOB: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**EMERGENCY CONTACT**

Name of Parent/Guardian/Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_ Postal Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

What is your highest level of education? \_\_\_\_\_

Name of Educational Institute: \_\_\_\_\_

Do you have any health concerns that could hinder your ability to attend class? YES NO

If yes, what are they? \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

I, undersigned, hereby apply to the Health Care Aide Academy. I understand that this application is made under the rules and regulations of the Alberta Private Vocational Training Act.

Signature \_\_\_\_\_ Date \_\_\_\_\_